MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01172

11186	CERTIFICATE	OF	DEATH
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Washington b. city of 100 kill design nescell form) Hagerstown d. NAAK of Hospital constitution (if pair in hospital, give sized eddress) Wash County Hospital NaAK of Hospital constitution (if pair in hospital, give sized eddress) Wash County Hospital North Ave Septime Part Danty D	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
b. CITY OR TOWN outside composite limit, write RURAL and give neerest lown	a. COUNTY	
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Hagerstown d. NAME OF MOSTIAL OR RISTIUTION If not in hospilal, give direal address) Wash County Hospital J. NAME OF DEATH DAY DA	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
d. STREET ADDRESS Wash County Hospital Niddle Last ANDREWS S. AGE In year I Middle Last ANDREWS S. AGE In year I Month Day VIRGINIA NOTE SEAT S. AGE In year I Month Day VIRGINIA ANDREWS S. DEATH S. AGE In year II UNDER VEAL HORE 22 HRS. House Keeper IDEATH JOHNSON OWN Home JOHNSON Give A Serve of Local Wash of Wash ROUSE RECEASE EVER IN U.S. ARRIBD OR CEST NO 3. NAME OF HOSPITAL OR HORE 12 HRS. House Keeper JOHNSON JOHNS		1/3 Hagerstown
We sh County to spital 136 North Ave 151 No 152 No	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
3. NAME OF DECEASED 1DA		
DEFERSED (Type opinion) 1DA VIRGINIA ANDREWS 5. SEX 6. COLOR OR RACE [7. MARRIED NEVER MARRIED 18. DATE OF BISTIN 10. DATE OF BISTIN 11. BISTIPH ASE (County & Subse or Foreware county) 12. CHILERY SNAME 13. MAS DECRASED EVER IN U.S. ARMED FORCES? 14. MOTHER'S MADDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. DATE OF BISTIN 18. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cours per line for (e), b), and (c).] 18. CAUSE OF DEATH [Enter only one cours per line for (e), b), and (c).] 19. PART IL DATH WAS CAUSED BY. 10. DATE OF DEATH [Enter only one cours per line for (e), b), and (c).] 10. DEE TO 11. DETAIL JOHNES SIGNIFICANT CAUSE (e) PULMONARY OF COURSE OF DEATH [BIT IN INTERVAL BETWEEN COUNTY OF C	wash County Hospital	
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B. GRIJGE OF PLEATH [Enter only one cause per line for (a), (b), and (c).	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	1 1 1 1 1 1 1
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20c. TIME OF INJURY Month, Day, Yeer Hour a.m. 1 p.mDec 15 19 61 work of work of the deceased from Aug. 21. I certify that (I) (this hospital) attended the deceased from Aug. 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR'S SIGNATURE 20f. (City or town) Mary 1and (County) Mary 1and (County) Mary 1and (Sapie) Mary 1and (County) Mary 1and (Sapie) Mary 1and (County) Mary 1and (Sapie) Mary 1and (I) (we) last saw the deceased alive on Dec. 25e. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	and hypertensive cardiovascular	0.1sease
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22c. PHYSICIAN'S NAME (Type)B. B. Kneisley, M.D. W.D. Hagerstown, Md. 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. Name of Cemetery or Crematory Burial 23d. Location (City, lown or county) Hagerstown Wash Co Md. 24 FUNERAL DIRECTOR: PHYS. Jan. 3, 1962 148 West Washington Street Hagerstown, Md. 23d. Location (City, lown or county) Hagerstown Wash Co Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		22b. DATE
22c. Physician's NAME (Type) B. B. Kneisley, M.D. W.D. Hagerstown, Md. 23o. Burial, Cremation, 23b. Date thereof Removal (Specify) Burial 1/4/62 Rest Haven Cemetery Address 148 West Washington Street Hagerstown, Md. 23o. Burial, Cremation, 23b. Date thereof Purial 1/4/62 Rest Haven Cemetery Hagerstown Wash Co Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 148 West Washington Street Hagerstown, Md.		D. PHYS. DIRECTOR PHYS. Jan 3 1962
NAME (Type) B. B. Kneisley, M.D. No. Hagerstown, Md.	22. DINCICIANIS	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Υ	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Resid	lence before admission)
	•. COUNTY Washington MARYLAND	Maryland Washingto	n
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give	ve neerest town)
1	Hagerstown 4 yrs.	43 Hagerstown	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	912 Hamilton Blvd.	912 Hamilton Blvd.	YES NO
	3. NAME OF First Middle DECEASED		ey Yeer
1	(Typa or print) EDWARD KIEFFER BACHT		19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEA	
	Male White WIDOWED DIVORCED	June 9.1879 82 yrs. Months Deys	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF WHAT COUNTRY?
	Treasurer J.W. Myers Co. Retired	Cave town Wash, Co. Maryland	USA.
	Calvin Bachtell	Florence Funk	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (If yes give wer or detes of service)	INFORMANT Address Hagerst	town Md
		rs. Alice V. Bachtell, Hamil	ton Blvd.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	921	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: My o cardial	Interction	2 h T
	DUE TO		
	Conditions, if any, which \ (b) Coroner	thrombosis.	2 hry -
	geve rise to Immediate cause		
	(e), steling the undarlying seems last.	erosis	4751
1			
1	OIL		PERFORMED?
ı		D. (Enter neture of injury in Part I or Pert II of item 18.)	
	Co.	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stata)
	Hour a.m. p.m. 19 While Not Whila at work at work	ory, sheet, office blogs, etc.;	
	21. I certify that (I) (this hospital) attended the deceased from.	oct. 195410 Jan. 10, 1967	that (I) (we) last
	saw the deceased alive on the 10 19.6.2, and that	The state of the s	
	220. STOMATURE		22b. DATE
	1 / G. G. / Will now N	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1-12 SIGNED
	22c. PHYSICAN'S NAME Type)	22d. ADDRESS	
	NAME OTTO A A HOFF man	- 14 N- Potomac H-	me.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial 1/12/62 Rest Haven	Cemetery Hagerstown, Maryl	and.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGI	NATURE
	Andrew K. Coffman, Hagerstown, Mary	vland. DATE DATE 15'62 arthur &	K
		7-35-74-8-74-8-74-8-74-8-74-8-74-8-74-8-74-	A 444 MAG

din by the funeral appers. Fages 1 and 2 should 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Part may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou VR A15 (4) 15M 9/60

and the same of Harry Edge Block of the Control of t and the second all all the same and the same a THE RESERVE OF THE PARTY OF THE The live of the second of the liver of the l SANCTURE TELEVISION AND THE SOUTH SO mada significant destroy april And a day of the state of the s The Control of the Party Party seems of early type to the control of the control o And we see of a second of the Lipanty Later of english and the control of the control

15M 7/61

DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, CERTIFICATE	301 W. PRESTON STRE	ET, BALTIMORE 10M	ARYLAND
a. (First) DECEASED (Type or print) Robert	b. (Middle) Dean	c. (Last) Bailes	2. DATE (Month) OF DEATH Jan	(Day) (Year) 1962
a. COUNTY Washington Cour	7	4. USUAL RESIDENCE (What a state Maryla	ere deceased lived. If insti	
b. CITY or TOWN Hagerstown	c. Length of Stay in City or Town MOS.	c. CITY		
d. NAME OF (If not in hospital, gi HOSPITAL OR INSTITUTION Washington Co	unty Hospital		ania Ave.	
e. IS PLACE OF DEATH INSIDE CITY LIN		e. IS RESIDENCE INSIDE	CITY LIMITS? f. Is R	YES NO
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWE	DIVORCED J		t birthday) 1 IF UNDER 1 Y Months Da 28	
10a. USUAL OCCUPATION (Give kind of work deducting most of working life, even if retire	one 10b. Kind of Business or Industry	11. BIRTHPLACE (State or for Summersville, I		N OF WHAT COUNTRY
Robert H. Bail		14. MOTHER'S MAIDEN I Helen Cole		
15. Was Deceased Ever In U. S. Armed Force. (Yes, no, or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECU	ROBERT H. I	Address Bailes Hagerst	own, Md.
18. CAUSE OF DEATH [Enter only one caused PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c).	se per line for (a), (b), and (c)] Y: Menergo coc	cemia Euln	rinating	Interval Between Onset and Death
PART II. Other significant conditions con 20a. ACCIDENT SUICIDE HOMICIDE				YES NO
20c. IIME Month, Day, Year, Hour OF INTURY	20b. Describe How Injury O	CCURRED. (Enter nature of i	njury in Part I or Part II of	item 18.)
20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (e. g., 111 or abo m, factory, street, office bldg., e	ut home, 20f. CITY or TOWN	COUNTY	STATE
21. I attended the deceased from Death occurred at	1/12/62, to 1 19.22 m on the dat	e stated above; and to the be	the deceased alive onst of my knowledge, from	the causes stated.
23a. BURIAL, CREMATION, 23b. DATE	DEBICE OF THE	22b. ADDRESS 10 Key St. OR CREMATORY 23d. 10	agentoron Ne	22c. DATE SIGNED
REMOVAL (Specify) Burial 1/15/62	Gilgal Cemeter	y Mt.	Nebe, W. Va.	
	M & Tunns	Mickell W	meral Home Address E. Ra	

MADVIAND STATE DEPARTMENT OF HEALTH

of halfer remember to be the first to THE RESERVE OF THE PARTY OF THE

RYLAND STATE DEP AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral executed within 24 hours after 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) by the MASHINLTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) d. STREET ADDRESS CONSBORD 305 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) hours OTO MAG completely 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH JANUARY. within physician and con e remove carbon 5. SEX AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired MOTHER'S MAIDIN NAME TAISMER FATHER'S NAME please attending 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no. or unkown) | {|fives give were reference| BONSBORD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO has been gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY as 0 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) 20e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | factory, street, office bldg., etc.) Not While While WED Hour e.m. et work et work p.m. DIRECTOR De De (l) (we) last 19.52, and that death occured at.4.1.M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE1 ATTENDING MED. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S SEC ON DARI director, p 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) DOGNURORO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE AN 3 1 '62

e. IS RESIDENCE

1962

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

NO TH

(State)

22b. DATE

(State)

23

(County)

Chillian & Thous

Yeer

ON A FARM? YES NO TY

15M 7/61

the property of the second wall a freeze could be the first wall and the state with the state of - Server de mar de la la parez. The second of the second AND THE PARTY OF T MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) daaerstown e. IS RESIDENCE ON A FARM? 115 King St. YES NO K 4. DATE Manth Day Year DEATH 1962 annary IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? Emmitsburg, Maryland Lydia Sheets Address 2. Donald Baker 1140 Kuhn Ave. Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Z 20f. (City or town) (Stote) (County) 196/ 10/-22-.. 1963 that (1) (we) lost and that death occurred Man, from the couses and on the date stated above. 22b, DATE SIGNED MED. STAFF PHYS. 23d. LOCATION (City, town, or county) (State) 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arillar S. Thouse DATE JAN 2 6 '62

VR A15 (4) 15M 9/S9

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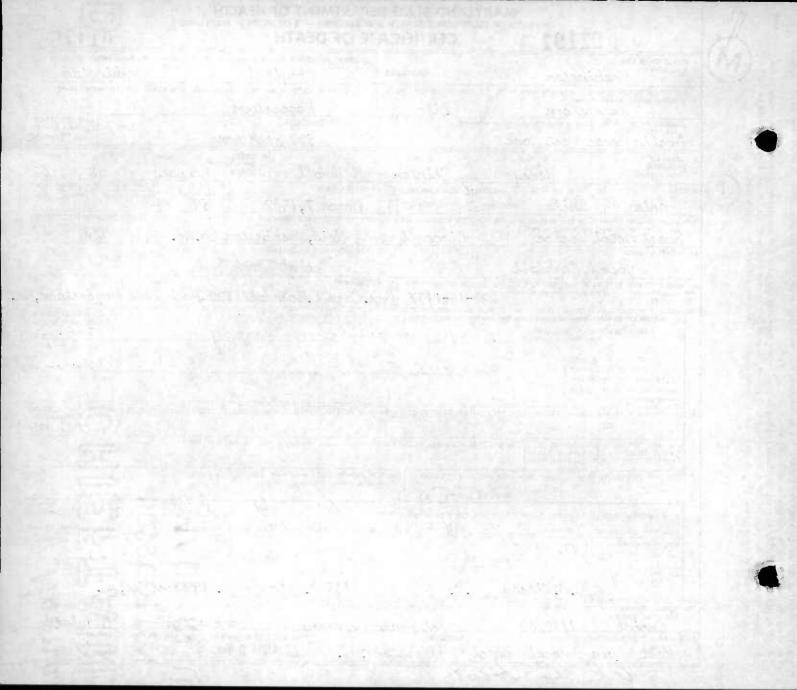
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01191 CERTIFICATE OF DEATH

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1	a. COUNTY	shington		MARY	YLAND	2. USUAL RESIDER	NCE (Whe	1	lived. If institution b. COUNTY	1.1 1	pefare admi	
	RURAL and give ne	f autside corporate lime corest tawn) Gerstown	its, write	c. LENGTH OF STAY	IN 16	20 1.		stown	ate limits, write Rt	URAL and give	nearest tow	rn)
	d. NAME OF HOSPIT	AL (If not in haspital, nor Rest Ho		1 000		d. STREET ADD	DRESS	ark La	ne.		ON.	SIDENCE A FARM? NO M
3.	NAME OF DECEASED (Type or print)	Fi Hen		Middle Clint		Barkdol	,	4. DATE OF DEATH	Januar		Day	Year 19 62
5.	SEX	1		IED NEVER MARRI		DATE OF BIRTH		9	P. AGE (In years last birthday)	F UNDER 1 Y		ER 24 HRS.
L	Male	White	WIDOWE	D DIVORCE	D	March 7.	,1902	3	59 yrs.	Months Da	ys Hours	Min.
10	ouring most of work Sheet Met	king life, even if retired	done 10b.	Aircraf					Co.Md.	12. CITIZEN	USA	COUNTRY?
13	B. FATHER'S NAME			er Britania		14. MOTHER'S M.						
L	Jos	eph Barkdo	u				hel E	hank	Barrier.			
15	S. WAS DECEASED EVE (es, no. os unknown)	R IN U. S. ARMED FOR (If yes, give war ar dates of		SOCIAL SECURITY NO 20-18-1137		.Cora E.L	Barko	doll 5:	20 Park.		agerst	town, M
		ATH [Enter only one co	use per lin	ne far (a), (b), and (c).	.]	/		7 120		1	INTERVAL E	ETWEEN D DEATH
	PART I. DEA	TH WAS CAUSED BY:	1) /	Jas from	teste	ial Hen	in	Luga	from		200	ays
	23	DUE TO			nen	leznance	y.		1			-
	Canditions, if a		, Me	Austatic	Bree	in Tu	was -				gin	<u>.</u>
1	cause (a), stating		, ,									
2	lying cause last.) (i	-	CONTRIBUTING TO DE	A TILL DALLT A	IOT RELATED TO T	UE VERMAN	IAL DICEACE	COMPITION CIV	ENLINE BART 1/	-1 10 14/40	ALITORCY
CATION	FARI II. OIF	HER SIGNIFICANT CON		ONIKIBUTING TO DE	AIRBUIT	NOI KELATED TO IT	HE IEKMI	NAL DISEASE	CONDITION GIV	EN IN PART I	PERF	ORMED?
CEDTIE	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRED	(Enter nature of i	njury in P	art i ar Part	II af item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Ye	ar 20d. In While of warl	NJURY OCCURRED Not while of wark	20e. PLA	CE OF INJURY (Ho ory, street, affice b	me, farm, oldg., etc.]	20f. (City	or town)	(Cau	nty)	(Stote)
1	21. I certify tha	it (I) (this haspito	l) ottend	ed the deceased	from	Der	12	6. to_	8 Jan	1962	that (I)	(well last
	sow the deceas	sed alive on	5 20	- 19 6 2 and	that de	eath occurred	ot /A	M, from t	he causes an			
	220. SIGNATURE ATTENDING MED. STAFF 1/8/62 226. DATE SIGNED											
	22c. PHYSICIAN'S NAME (Type)	2.D. Wil	son	M.D.		22d. ADDRESS		nac St	. Hagers	town, Mo	d.	
2	30. BURIAL, CREMATIC REMOVAL (Specify)		OF .	23c. NAME OF CEM	AETERY OR	CREMATORY		1,	ON (City, town, o		(Sto	ote)
2	SWELAL 4. FUNERAL DIRECTOR	'S SIGNATURE	4	ADDRESS	aven	Cemetery	So. PEC'D	BY REGISTR	AR 25b. REGIS	STRAR'S SIGNA	Tarylo	ina
1		en Juneral	Chap		stown			1 0 '62		Thun S. H		
	le	Rey C.	Ho	20K						Left.		





	DIVISION (of STATISTICAL		LAND STATE RCH AND RECOR CERTIFICA	DS, 301 W. PRES	STON STRE	LTH ET, BALTIMOF	RE 1, MARY	LAND 1177
	write RURAL and	cton foutside corporete limi give neerest town) msport		MARYLAN c. LENGTH OF STAY IN 10 Y1	Marylai c. city or to	nd WN (If outside o	decessed lived, If in b. COUNT Washing orporete limits, write	ton	nearest town)
3.	HOMEWOO NAME OF DECEASED (Type or print)		f not in hosp	middle FUNK	Last BARNETT	Antie	e Month		e. IS RESIDENCE ON A FARM? YES NO
	Female USUAL OCCUPATION	6. COLOR OR RACE White ON (Give kind of work	WIDOWE	NEVER MARRIED NEVER MARRIED DIXX DIVORCED ND OF BUSINESS OR IND	Nov. 23 USTRY 11. BIRTHPLACE	1868 (County & State	93 yrs.	Months Days	Hours Min. F WHAT COUNTRY?
do	Housewi FATHER'S NAME	rking life, even if retire	d)	Own Home		es Was	n Co Md.	U	SA
	WAS DECEASED EVI	ER IN U.S. ARMED FOR Iyesgivewer ordetes of seath [Enter only one	ervice)		Homewood C		Rowland Address Home Rece Md.	I IN	TERVAL BETWEEN
Z	Conditions, if any gave rise to immedia, stating the ucause lest.	ate cause nderlying DUE TO	TIONS CON	Could ITRIBUTING TO DEATH BU	asula while when the property of the control related to the	Jen TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(a)	M - 170
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC		ury in Part I or Pa	art II of item 18.)		YES NO
MEDICAL	21. I certify that (I) (this hospital) attended the deceased from (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)								
	Burial, CREMATI REMOVAL (Specify) Burial FUNERAL DIRECTOR Andrew	1/31/6	2		Cemetery	a. REC'D BY RE	Hagersto		sh Co Md

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15M 7/61

MARYLAND	STATE	DEP	ARTM	ENT OF	HEALTI
ON OF STATISTICAL DESEADON AN	UD DECOR	DS 3	W IOS	DESTON	STREET

BALTIMORE 1, MARYLAND DIVISION 01193 CERTIFICATE OF DEATH

1. PLACE OF DEAT a. COUNTY W	ASHINGTON	MARYLAND	2. USUAL RESIDENCE A. STATE MAR	CE (Where dece	ased lived, If b. COUN	ITV .	SHINGT	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ate limits, write	RURAL and	give nearest to	wn)
HAGERS	d give pearest town)	50 YRS.	A3 HAGE	RSTOWN				
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS					ESIDENCE A FARM?
GARLOCK	MEM. CONV. HO	SPITAL	938 CORB	ETT ST			-	NO
3. NAME OF	First	Middle	Lasi	4. DATE	Month)	Day Yes	or .
DECEASED (Type or print)	GEORGE	LESLIE BO	NEBRAKE	OF DEATH	JANU	Later of the same	16 19	00
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		AGE (In years last birthday)		EAR IF UNDE	R 24 HRS.
MALE	WHITE WIDOW	ED DIVORCED	2/29/1884		יאן אוצי			
	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cour	nty & State, or fo	reign country)	12. CITIZ	EN OF WHAT	
	MACHINIST	RAIL KOAD	PENNSY	LVANIA			U.S.A	•
13. FATHER'S NAME	TO AT IDED A 12'1		14. MOTHER'S MAIDEN	NAME				
. GEORGE	BONEBRAKE		MARY ANN	E LOMY				
	VER IN U.S. ARMED FORCES? 16 (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.			Address			
NO		114-09-620 BA	MRS. HATT	IL L.	EONEBI	RAKE		
	DEATH [Enter only one cause per	line for (a), (b), and (c).]					ONSET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebral Thro	mbosis				1 da	
333	DUE TO						100	
Conditions, if an	which (b) G	eneralized A	rterioscle	rosis			Year	cs.
gave rise to imme-	DUIL TO							
cause last.	(c)							
Z PART II. OTH	ER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY ORMED?
ATI	N	lone.					YES [NO X
OR CONTRIBUTING	VAS UNDERLYING [] 20b. DE G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Part II o	f item 1B.)			
3 20c. TIME OF INJ			ACE OF INJURY (Home, farr		or town)	(Count	y)	(State)
ZOc. TIME OF INJ Hour a.m.	Whi 19 at wo	10 1101 1111110	tory, street, office bldg., etc	•)				
	that (I) (this hospital) atte	hand (Oct. 20.	19.61 to	Jan.1	6 . 19	62hat (1)	(we) last
	ased alive on Jan							
22a. SIGNATURE	n t							b. DATE
	1001	Jell "		MED. DIRECTOR	STAFF PHYS.	1-1	8-62	SIGNED
22c. PHYSICIAN' NAME (Typ		15 75	22d. ADDRESS	4	714	TT	4	nea.
NAME (Typ	R. A. Bell	, M.D.	119 N.P	otomac	St.,	Hager	stown,	Ma.
23a. BURIAL, CREMA REMOVAL (Specific	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		ION (City, to		(State)
BURIA	1 1/19/62	ROSL HILL	(3T-P4		IRSTO		MD.	
24 FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	25a. RE	JAN 2 2	AR 2Sb. RE	GISTRAR'S SI	GNATURE	
W.J.	Morniew	Hagerslow	UN MADATE	All T P				
		//	1					

Asserted the Court of the Assertation of WENTER BUSINESS CONTRACTOR CLASS OF THE REAL PROPERTY OF THE PARTY OF T to an example of the first that the second of the second o M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1194

CERTIFICATE OF DEATH

	A. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Resi	
/	Washington MARYLANI	Maryland wasi	nington
Ł	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ve nearest town)
	Hagerstown 1 day	Rural Hagerstown	
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Washington County Hospital	Route 6	YES NO X
	NAME OF First Middle DECEASED	Last 4. DATE Month D	ay Yaar
(utelle DEATH January	15 19 62
5.	SEX 6. COLOR OR RACE 7. MARRIED XNEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months Day	
	lale White WIDOWED DIVORCED	July 4, 1898 63 yrs. Mollins	75 Hours Mill.
	USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	Consulton Automobile	Vincennes, Ind. U.	S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	John F. Boutelle	Hannah O [®] Hara	
15. (Yas	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, no, or unkown) (Ifyesgivewarordatesofsarvice)	. INFORMANT . Address	
		Mrs. Ellen B Boutelle Route	5
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Su Garachuoid	hour ars hage	21 hours-
	33 0 X DUE TO Rustein of augu	witnes of auterior	
	Conditions, if any, which \ (b) Communication of	wither of auterior	Mukumm
	gava rise to immediata cause (a), stating the underlying DUE TO	8	most part and
	cause last, (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED?
<u> </u>	208. ACCIDENT WAS UNDERLYING TO 1 2Db. DESCRIBE HOW INJURY OCCU	DED (Feb. 1915) The state of initial in Book I as Double of Story 19)	YES NO 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter natura of injury in Part I or Part II of item 18.)	
MEDICAL		PLACE OF INJURY (Home, farm, '2Df. (City or town) (County factory, straet, office bldg., etc.)) (Stata)
MED	Hour a.m. While Not While p.m. 19 at work at work	octory, strate, office strain, strain	
	21. I certify that (I) (this hospital) attended the deceased fro	m. 1-14, 1967 to 1-15, 1967	that (I) (we) last
	saw the deceased alive on	nat death occured a 1.40 M, from the causes and on the	date stated above.
	22a. SIGNATURE	ATTENDING MED CTASS	22b. DATE SIGNED
	John It Hombale	M.D. PHYS. MED. STAFF PHYS. PHYS.	1-16-62
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
	REMOVAL (Spacify) Burial 1-17-62 Arlington	Nat. Cem. Arlington, Va.	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
S	cott F. Minnich & Son Hagerstov	m. Md. DATE MN 1 9 '62	
		M. Ma. DAR TONE	Henry

1 invokanegail Larun 1954 Tin Ferentronen Machineton County Lawrital - Walter Bourney Sc Li - Transch . Wit-Consulton automobile lineares die notius el deba . boutelle Hampala Company reg . V. N. 31 210-11-0770 Mrs. abban a deatelle Route b urist .-17-62 Arlin ton hat. Com. Arlin ton. 18.

Scott F. Minsich & Son Marerstown, Mc. 2 \$2.2 EM LES

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1195

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MASHUMS TON MARYLAND	o. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 2 WEEKS	X BEAVER CREEK -RURAL
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
MESTERN IVIARYLAND STATE THERTAL	HAGERSTOWN MID. R. I. YES IX NO [
DECEASED OLD	OLOSI 4. DATE Month Dey Yeer
(Type or print) CILAYLES Edward	19-10 WERS DEATH / 22 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
NALE WIDOWED DIVORCED IN	TOBER 18.1871 90 yrs. 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TRUCK FARMER OWN TARM	BEAVER CREEK WASH, CO. MO. U.S.A.
CLASSEL BAWERS	SALLY HERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT
NC AND	SCARRUE BAWIERS HAGERSTOWN MIDIR!
18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), end (c).]	INTERVAL SETYPEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Obular	VMP 11 22 CLASS ONSET AND DEATH
B3 / DUE TO	1 actional of
Caraly Caraly	in carle and to the lateral
Conditions, if eny, which gove rise to immediate cause	vascular accident 6 week
(e), stating the underlying DUE TO	
cause fast. (c)	
10 A I The	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED
Through 19-060 nephritis.	generalized arterio 5 clesos YES NO NO
□ OR CONTRIBUTING □ CAUSE OF SEATH	Anter neture of injury in Pert I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from.	Jan 962 19 Jan 22., 1962 that (1) (WE) last
	death occured at
220. SIGNATURE	3:50 A 22b. DATE
Houng & Chum	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. Jan. 22 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPO) YOUNG E CHUN	1500 Penna. NR. Hagersonne
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (State)
PONOVAL (Specify)	EK CENIETEDY BEAVER CREEK WASK CO. NID
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Brance Brance	VID JAN 2 4 62 Chilling & Phone
Law Cremer MODILOROKO 1	DATE

. The second of th Note that the state of the stat MINUS PARKED WINDS TO WAR TO SEE THE SECOND THE WHITE ALL AND AND AND AND AND ASSESSED AS A PROPERTY OF A PARTY OF A PART The first and the state of the Of the way of the state of the field Sales of the second of the sec the state of the s A CAR TON A COLOR OF THE SAME CANAL STATE OF THE WALLES IN CONTROL OF THE SALE OF THE SALE

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01196 01181

1. PLACE OF DEATH a. COUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	7,7,0,1,1,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
HAGERSTOWN 64 IND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	03 HAGERSTOWN
332 S. PUTOMAC ST.	1 d. STREET ADDRESS ON A FARM? YES \(\sum \text{NO TOMAC ST.} \)
(TPC or print)	RAUNGARD 4. DATE Month JANUARY 12 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED A DIVORCED	1/27/ 1866 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUST	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
oone during most of working life, even if refired)	7% 500 at 3.1 % 7.7 % may a 3.5 may a
A3. FATHER'S NAME	PENNSYLVANIA U.S.A.
JACOB H. GSELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MARY E. FOREMAN
(Yes, pp. or unkown) (Ifyesgive weror datesof service)	MACTOURI
NONE	MR. PAUL J. BRAUNGARD MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	~ Velumoria Bdays
DUE TO DUE TO	6000
Conditions, if any, which (b)	Viletosalusis Plan
geve rise to immediate cause (e), stating the underlying DUE TO	
causa last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TIANTIC TO THE TIME TO THE TIM	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in Part I or Part II of item 18.)
OP CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sleta) ctory, street, office bldg., etc.)
p.m. 19 at work et work	1 4 54 12 1N
21. I certify that (I) (this hospital) attended the deceased from	19, 1, to 1 19, 1, that (I) (we) last
	at death occured at 12.4.M, from the causes and on the date stated above.
22e. SIGNATURE	22b. ØATE
1 Dane	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S	22d, ADDAESS
NAME (Type) D. J. BOYER	135 N. POTOMAC ST. HAGERSTOW,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	(3.1.49
REMEDYAR (SPACIFY) 1/15/62 ROSE HIL	L CEM. HAGERSTOWN MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
111. J- Morney Hegerslow	Med, DATE SER \$ 7 62 Orthur & Kramer
The state of the s	

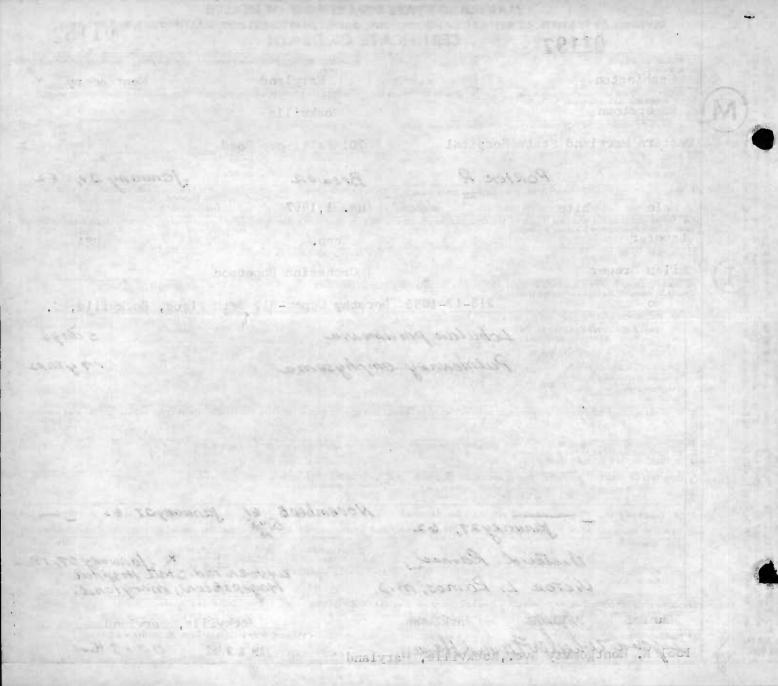
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	02131						
1. PLACE OF DEATH			2. USUAL RESIDEN	JCE (Where dece			dence before edmissi
Washingto	on	MARYLAND	e. STATE Marvla	nd	b. COUN	Montg	ome ry
b. CITY OR TOWN (in	f outside corporete limits,	c. LENGTH OF STAY IN 16			te limits, writ		
write RURAL end Hagerstow	give neerest town)		Rockvill	0		15	19.7
		ot in hospitel, give street eddress)	d. STREET ADDRESS	-			e. IS RESIDEN
	yland State		201 D-1-4	D			ON A FAR
NAME OF	yland State	Middle	201 Baltimo	4. DATE	Mont	D	Day Yeer
DECEASED (Type or print)	D	_		OF DEATH	1		
5. SEX		ter R	Brewer. B. DATE OF BIRTH				27, 1962 AR IF UNDER 24 HR
Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 1,1897		GE (In years est birthdey)	Months Dey	
10a. USUAL OCCUPATI		10b. KIND OF BUSINESS OR INDUS		inty & State, or for		12. CITIZEI	N OF WHAT COUNT
done during most of wor	rking life, even if retired)						****
13. FATHER'S NAME			Tenn.	J MAME			USA
	EL PARKET						
Milam Brew			Catherine	Upperson			
	ER IN U.S. ARMED FORCES fyesgive weror detes of servi		INFORMANT		Addres	S	
No			rothy Depew-	312 Seth	Place	. Rockv	ille.Md.
18. CAUSE OF D	EATH [Enter only one cer	use per line for (a), (b), end (c).}					INTERVAL BETWEEN
	H WAS CAUSED BY:	Inhalas Docu	·				S CLOCKES
F 0 1	IMMEDIATE CAUSE (e)	Lobular preun	N/W				o cucys
321	DUE TO	2.1-	. ,				
Conditions, if eny	10/	Pulmonary en	nphysema	/			17 years
geve rise to immedia (e), steting the up	DITE TO						
cause lest.) (c)						
PART II. OTHER	1	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GI	VEN IN PART 1() 19. WAS AUTOP
PART II. OTHER							YES NO
200. ACCIDENT W	AS LINDSPLYING TO 1 20	Db. DESCRIBE HOW INJURY OCCUR	ED (Enter nature of injury in	Part I or Part II of	item 18)		123 NO [
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJUST OCCOR	ED. (Ellier Heldie of Injery II	100000000000000000000000000000000000000	10111 1011		
20c. TIME OF INJU	RY Month, Dey, Yeer		LACE OF INJURY (Home, fer		r town)	(County	(Stete)
20c. TIME OF INJU Hour e.m.		While Not While twork et work	actory, street, office bldg., et	c.)			
	19		Maurahant				A
		attended the deceased from					
saw the deceas	ed alive on Conte	ary 27, 19 62, and th	at death occured at.	M, from t	he causes	and on the	
22e. SIGNATURE			ATTENDING	MED	STAFF		22b. DAT
	Y/ector o	C. Kames	M.D. PHYS.	DIRECTOR	PHYS.	- lanu	ORY 27, 19
22c. PHYSICIAN'S			22d. ADDRESS	restern r	nd, 5to	ate Hos	other
NAME (Type)	VICTOR ,	C. Rames, M.D.	/	Hagersto			
22. RIIPIAI CPEMATI	ON, 236. DATE THEREO					wn or county)	(State)
REMOVAL (Specify)	1/20/62						
	0 0	Parklawn				Maryland	
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a. Rf	EC'D BY REGISTRA	-		Ad day
133 Y E. Moi	ntgomery Ave	William Hamely are	land DATE	JAN 2 9 16	2	arthur S.	Thank
		The state of the s					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 32 hours after death.

3.

5.

10e.

13.

15. (Yes

MEDICAL CERTIFICATION

23e.

B 24

MARYLAND STATE	
01198 CERTIFICAL	ATE OF DEATH
LACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
Washington MARYLAN	e. STATE b. COUNTY
c. LENGTH OF STAY IN write RURAL end give neerest town)	ND Maryland Washington c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Hacerstown Md 7 Hrs. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Rural Hancock Maryland o. IS RESIDENCE ON A FARM?
ashington County Hospital	Lest 4. DATE Month Dey Yeer
DECEASED	OF DESTRICT TO A CO. 10 / C.
O O LITT	Caddie DEATH 29 19 62
M WIDOWED DIVORCED	Dec. 25.1891 Dec. 25.1891 Dec. 25.1891
USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	
Maxwexix Mochanic Auto	Germany U.S.A.
Not Known	Not Known
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
, no, or unkown) (Ifyesgivewerordetesofservice)	D
No 220 09 7153	Pearl L Caddie Rural J Hancock Md
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	many myseller 1-2 my
DUE TO	article Steers 1000
Conditions, if eny, which geve rise to immediate cause	y word assesse years
(e), steting the underlying DUE TO	211. 2 11.
cause lest. (c) Urleusele	with want always for.
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	
Garage Carrer	PERFORMED? YES NOX
20. ACCIDENT WAS LINDS VINC ET 1 204 DESCRIBE HOW IN HIRE OCC	CUMED. (Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	Conter heldre of injury in Ferri of Farr ii of hem to.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 Value 19 Not While et work et work	le, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.)
	from 29 JAN
	that death occured a From the causes and on the date stated above.
22e. SIGNATULE	22b. DATE
Reclind 1. Bergera	M.D. ATTENDING MED. STAFF PHYS. 31 JANUARY 1962
NAME (Type) RICHARD T. BINFORD, M. D.	1135 POTOMAC AVE. HAGERSTOWN, MD.
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	
REMOVAL (Specify) 2.1.62 Cedar Law	n Memorial Hagerstown Washington Md.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
tourned & Stynia Hancoes	a wal pare Fill 5 DZ ariling & Kringe
The property	

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29 WAN. 6:00 P.

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Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Rasidanca batora admission) a. COUNTY HOUNTY Page Health. director. Page Washington Washington MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limitowrite RURAL end give neerest town) write RURAL end give neerest town) 1 Hour Hagerstown Hagerstown S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straat address) d. STREET ADDRESS 134 Pheasant Trail West Antietam St. Parking Lot in pencil in Item 18. Give Pages 1, 2, and 3 to the fur Office along with form PM3. Page 5 may be retain vurial-transit permit. File pages 1 and 2 with the State oval, and in any event within 72 hours after hearth NAME OF 4. DATE DECEASED OF (Type or print) Warren Sylvester Churchev DEATH Jan. 10. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 30 yrs. Male July WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, evan if retirad) Manager Loan Company Wash.Co.: Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Sylvester Churchev Betty Elizabeth Lohman This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (If yes giva war or dates of servica) 3644Mrs. Jean Elizabeth Churchey 220 28 Korean 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (b) geve rise to immediate cause 10 DUE TO (a), stating the underlying 98 Medical Examiner causa lest. pesn cremation, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY 99 the certificate, writing the word plnods 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) lo burial, PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief DIRECTOR: Page 3 CAL 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Year 20d. INJURY OCCURRED MEDI House a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 n Inquiry death resulted from: Natural_causes Accident Suicide | Homicide / Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should se for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type Address (Street, city, town, or county) please es 22a, BURIAL, CREMATIO CEMETRY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 1962 Mt. View Cemetery Sharpsburg 24a. REC VS. A15ME DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

1962

Year

Day

USA

12. CITIZEN OF WHAT COUNTRY?

Same as

YES

and in my opinion

DATE SIGNED

(State)

(County)

2 above

INTERVAL BETWEEN

PERFORMED?

NO T

(State)

5M 7/59

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Servis.

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Harry Sylvestor Churchey Betty Silven and Andrew

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Tes Corena er 220 28 3644 pro. Jean alles best Churchey 2 glove

Jan. 13, 1962 . H. West Come tory __ Marchanes, Laryland

WHITE BOLL CHELL TOWN

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is necessary, please execute the actificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should the twarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files. Debug 4 should the standard pencil by the Standard PM3 is a should be used as a burial-transit permit. File pages 1 and 2 with the Standard and of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

-	3. A15ME 5M 2/57
VS. A1	SME
5M 2	/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01200			Reg. Dist.	NP. ()
1. FLACE OF DEATH COUNTY Washington	MARYLAND	o. STATE Maryland	ed. If institution: Residence b. COUNTY Washing	
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	e neorest town)
Magerstown	45 yrs.	03 Hagerstown		
d. NAME OF HOSPITAL OR INSTITUTION (IF not in Washington County Ho.	spital (D.O.A.)	1d. STREET ADDRESS 449 Clarendon	Ave.	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) Mayne	Middle Gertrude	Clingan 4. DATE OF DEATH	Month D	y Yeor 3 1962
0 1 101 01	RRIED NEVER MARRIED 8	September 12,1883	BE (In years birthday) 7 & yrs. IF UNDER TYEA	
100. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired) Nousewife	Own Home	RY 11. BIRTHPLACE (Stole or foreign country White Hall, Penna	1.00	OF WHAT COUNTRY
David Hamilton	Vintrod	14. MOTHER'S MAIDEN NAME Alice Allise	on	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dotes of service]	16. SOCIAL SECURITY NO. 17. N	NFORMANT IS S. Clingan 449 Clare	Address endon Ave. Kag	erstown, Md
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. if ony, which gave rise to immediate cause (o), stoling the underlying eouse tast. Z. PART II. OTHER SIGNIFIC AND CONDITIONS	Coronary Co	Thursday &	Time !	TERVAL BETWEEN
Camp		inter nature of injury in Part I or Part II of ite		PERFORMED? YESNO
20c. TIME OF INJURY Month, Doy, Yeor 20 Hour a. m.	d. INJURY OCCURRED 20e. PLAN hile Not while work at work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	wn) (County)	(Stote)
21. I certify that I took charge of the opinion death resulted from: Natural SIGNATURE EXAMINER'S NAME (Type)			Undetermined mon	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		(City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	emetery AGGER 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNAT	TURE
Rest Haven Juneral Chap		Md. DATE JAN 17 '62	n. Hun & 1	Knows
When Ce. V	and			

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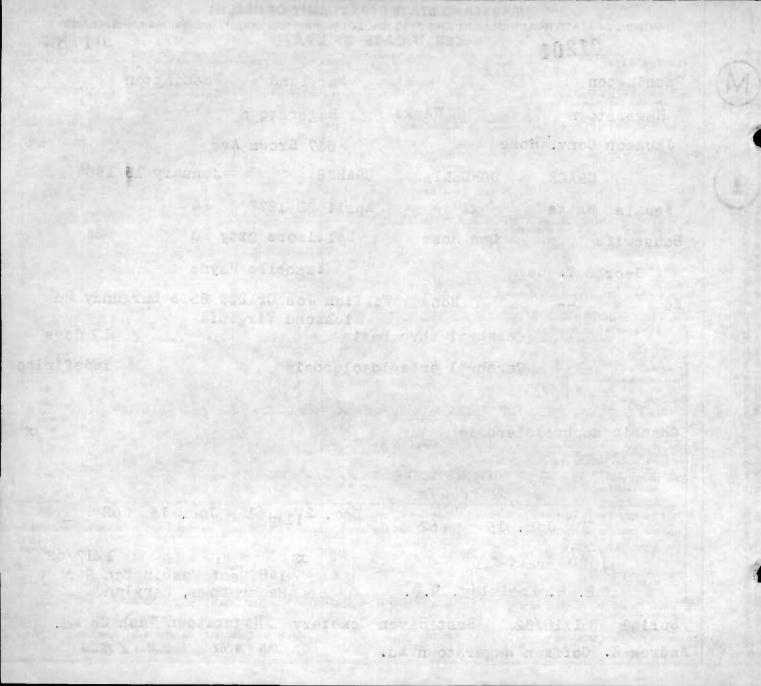
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01186

1. PLACE OF DEATH a. COUNTY			CE (Whera deceased livad, If insti	tution: Residence before admission)
Washington	MARYLAND	Maryland	d Washing	ton
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporeta limits, write RU	
write RURAL and give nearest town) Hagerstown	2 Weeks	03 Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	00111	a. IS RESIDENCE
Jackson Conv. Home		577 Pm	ATTO	YES NOTE
3. NAME OF First	Middle	537 Br	own Ave	Day Year
(Type or print) GRACE CO	ORDELIA	CRABBS	OF DEATH January	35 3000
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF (
Female White WIDOWE	DIVORCED .	April 28 1	877 84 yrs. M	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewife	wn Home	Baltimor	e city Md	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George T Legg		Isabe	lle Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)				urgundy Rd
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), end (c).]	Richmond	Virginia	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere	bral thrombo	sis		19 days
DUE TO				
	bral arterio	sclerosis		Indefinite
gave rise to immediate cause	orar arecrio	001010010		
(a), stating the underlying DUE TO				The state of the state of
z cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS COM	NITRIBUITING TO DEATH BUT NO	OT BELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a)) 10 WAS AUTORSY
PART II, OTHER SIGNIFICANT CONDITIONS COR		OF RELATED TO THE TERMI	HAL DISLASE CONDITION GIVEN	PERFORMED?
Chronic nephrosclero				YES NO
Chronic nephrosclero 20a. Accident WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED), (Enter nature of injury in	Part I or Part II of item 18.}	
Z 20c. TIME OF INJURY Month, Day, Yaer 20d.		ACE OF INJURY (Home, fare		(County) (State)
20c. TIME OF INJURY Month, Day, Yaer 20d. While P.m. 19	6	tory, street, office bldg., etc	:.)	
		2 02	10/2 T- 27	10 (0 1 1 10 1) 1
21. I certify that (I) (this hospital) atten	ided the deceased from.	Dec. 271	1801' 10" Tan "" T2	, 19.02 that (I) (we) las
saw the deceased wive our	19.04., and that	death occured at	M, from the causes and	d off the date stated boots
22a. SIGNATURE SSUM 01 Alo			MED. STAFF DIRECTOR PHYS.	1/17/62 ^{SIGNED}
22c. PHYSICIAN'S	7	22d. ADDRESS 7	48 West Washin	ngton Street
NAME (Type) B. B. Kneis	lav. M.D.	u.	agerstown, Mai	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify)	-			
Burial 1/18/62	Rest Haven	Cemetery	-	RAR'S SIGNATURE
Andrew K. Coffman Hag				huy S. Kraue
Andrew K. Coffman Hag	GISTOWN MG.	DATE	The last of	A. I VALUE



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VS. A15ME 5M 7/59

	MARYLAND STATE D	EPARTMENT OF HEALT	Н
Division of STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAN
01203 MED	ICAL EXAMINER'S	CERTIFICATE OF D	EATH Old

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaasad livad, If institution: Rasidanca bafora admission)
	Washington MARYLAND	Maryland Washington
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1 write RURAL and give nearest town)	
1	Williamsport 30 yrs.	X Williamsport
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRESS a. IS RESIDENCE
	211 N. Conococheague St.	211 N. Conococheague St. YES NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaar OF
1	(Type or print) Raymond Franklin	Davis Sr DEATH Jan. 18 1962
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED □ DIVORCED K	Jan. 3 1912 Solvers Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	STRY 11. 8IRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
2	Cab Driver Cab	Maryland U.S.A
8	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
8	George Davis	Nina Cunningham
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
Н	(Yes, no or unkown) (If yes giva war or datas of service) 219 05 2469 M	rs. Mearle Petre Keedysville Md RFD #1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DIVIN
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	titicapopary sudden
	587 1 DUETO 20 . (6	
	Conditions, if any, which (b) Constitution	tio o Trachiti
	gave rise to immadiata causa	
	(a), stating the underlying cause last.	지수가 많이 있으면 하면 어린다.
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 2Da. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES X NO
	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of itam 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	p.m. 19 at work at work	
	21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Su	ricide, Homicide, Undetermined manner
	20 11.00	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
4	EXAMINER'S LIQUID AD ALL LIS	DEPUTY MEDICAL EXAMINER X
人	NAME (Typa) HOWARD IV. WEEKS	Addrass (Streat, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Spacify)	Ma
	Burial Jan. 21-62 Bakersville	
	23, FUNDE AS PROCETOR OF TOTAL ADDRESS TO	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	allet a dege unionisper j'	DATE JAN 2 2 '62 Cirthur S. Kraus

not marine			moduration.	
		30_78		arum (
X 123	1. Pozodobeky (e	rs le	Gopogochas Eus Tr	. Y EER
1.6 4.62	. 126	dysk milio	ing browns	
41 0	12 12 50			
A.E.u	Shell rea	deb gains	ver	it o
	Nine Con inghem		a ival e	deor
am by elliv	cante setre Readra	OF ZEGOTEN.		
EX.				
			A CAMBON	
.1%	stery lakersville	Rereville Cem	S0-15 .RE6	feignet

HTJAIN SEATTIM TAATIGUEATE ON ASTRAIN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

	01204 CERTIFICAT	E OF DEATH	01189
M)	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If In.	
	Washington MARYLAND	Maryland Washing	ton
0	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		RURAL and giva neerest town)
	write RURAL and give nearest fown) Hagerstown 1 Day	X Maugansville	
011-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS	a. IS RESIDENCE
0 1		V 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	ON A FARM?
-	Washington County Hospital NAME OF First Middle	North St Box 151	Day Yaar
	DECEASED	OF	
		OUGHTY DEATH January	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED TO DIVORCED	Jany 24 1885 76 yrs.	Monins Days Hours Min.
	IDa. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS	TRY 11. 8 RTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if relired) Housewife Own Home	Waterwille Incom	USA
-	HOUSEWITE OWN HOME	Waterville Lucas Co	
) -	John Dumpert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	No Record	
	(Yes, no, or unkown) (Ifyasgivewarordatesofsarvica)		
	No - None Ro	obert Botkin North St Ma	augansville
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Maryland	INTERVAL BETWEEN ONSET AND DEATH
1959	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (1)	errie lando Vallulas	laurere / W
	DUE TO	4 100	0
	Conditions, if any, which	Mus Scherei	104m
	gava rise to immadieta causa		
100	(a), stating the underlying Cause last.		
	TOUR CONTRACTOR OF STATE OF ST	NO DELIATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 119 WAS ALITOPSY
1	PART II. OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTION TO DEATH BUT IN CONTRIB	As asset to the period of the	PERFORMED?
0	Secholary	Change	YES NO
- 1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJUR OCCURI	ED. (Entar natura of injury in Part I or Part II of itam 18.)	
- 1			
	5	LACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	Hour a.m. p.m. 19 While Not While at work at work	Coly, siles, villes brage, sier,	
	21. I certify that (I) (this hospital) attended the deceased from	Na 1061 1000 2	19.6., that (I) (***) last
			• • • • • • • • • • • • • • • • • • • •
		at death occured at	and on the date stated above.
	22a. SIGNATURE 2018 00 c Ole	ATTENDING MED. STAFF	LE KSONO
		M.D. PHYS. DIRECTOR PHYS.	()
1	122c. PHYSICIAN RAME (Type)	22d. ADDRESS	791 12
1	011110 6401	Eld Indian	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CRE NATORY 23d. LOCATION (City, town	or county) Indiana (State)
	Burial 1/24/62 Beech Grove	Cemetery Muncie Dela	eware Co
-	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		STRAR'S SIGNATURE
760	Andrew K. Coffman , Hagerstown, Ma	Try land DATE JAN 2 4 '62	ilmo S. France

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

> a. IS RESIDENCE ON A FARM? YES NO XX

COLL TO American to Reson. Transfer and modification.

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Servery Chamit

donrew A. Cockines ; bagaratovn, Maryland, a viti sair 1 20

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

**SAME NAME **JOHN (If outside corporate limits, write RURAL and give enearest fown) **BARTY LAND **BARTY LAND **STATE NAME **JOHN (If outside corporate limits, write RURAL and give nearest fown) **Hagers town **Many LAND **JOHN (If outside corporate limits, write RURAL and give nearest fown) **Hagers town **Many LAND **JOHN LAND (If OSSTALO C RURSTILO) (If not in hospital, give street address) **Washington Co. Hospital **Many Corporate limits, write RURAL and give nearest fown) **Hagers town **Hagers town **R # 4 **JOHN LAND (If OSSTALO C RURSTILO) **JOHN LAND (If OSSTALO C RURSTINO) **In STREET ADDRESS **Wash Co. Day Year **JOHN LAND (If OSSTALO C RURSTINO) **JOHN LAND (If OSSTALO R		70000		0. 5		07100
MESHINGTON L. CITY OF TOWN III causing composite limits, write BURAL and give near-cell town) Hagerstown Md. 9 day Meshington Co. Hospital Nors. Nors. SERVER OF DOWN III causing composite limits, write BURAL and give near-cell town) Hagerstown R # 4 d. NAME OF HOSPITAL OR INSTITUTION (if not in heepstle), give street address) Washington Co. Hospital Nors. Nors. SERVER OF DOWN III causing composite limits, write BURAL and give near-cell town) Nors. SERVER OF DOWN III caused corporate limits, write BURAL and give near-cell town) Hagerstown R # 4 d. STREET ADDRESS Wash Co. DAY OF THE SERVER OF	1. PLACE OF DEATH	41460		2. USUAL RESIDENCE (Where		n: Residenca befora admission)
C. CIT OR TOWN If outlide corporate limits, write RURAL and give nearest town 9 day		hinotan	MARYLAND	Maryland		ington
Hagerstown Mg. Anahes of Respirator R # 4 A name of Nespirator R # 4 A name of Nespirator R # 4 A street Address Washington Co. Hospital Namis OF Bozgasto (Iys on primi) Nota SEX A. OCLOR OF RACE Mark Middle White Middle More Mo	b. CITY OR TOWN (i	f outside corporate limits,				
Washington Co. Hospital Cearfoss Wash Co No First Middle Lest DECREASED (Type of print) Nora May Downin Server Marrier Ser	7.7	3.1 7	9 day	X Hagerstown	R # 4	
Washington Co. Hospital Cearfoss Wash Co Continued Contin					10 11 3	e. IS RESIDENCE
NAME OF DECEASED (Types or print) NOTA May DOWNIN SEX Female White Whow it will be will					999 1 0	ON A FARM?
DECTRED Nors May Downin DEATH Jan. 16, 1962 19				Cearfos	s Wash Co	
NOTE SEX 6. COLOR OR RACE 7. MARRIED NOWN 1. SEX 1.	DECEASED	FIRST	Middle	OF		
Da. USIAL OCCUPATION (Give kind of week) Da. USIAL OCCUPATION (Give kind of week) Housewife John I Mondell S. WAS DECEASE EVER IN U.S. ARMED FORCES? ATHER'S NAME John I Mondell S. WAS DECEASED EVER IN U.S. ARMED FORCES? None Mrs Kathleen Bivens Hagerstown, R. D. 4 Address Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 None Anna M. Steinmetz Address Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 None Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 None Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 None Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 None Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 Roy or unknown) (Ifvagavavavoordalasolankee) None Mrs Kathleen Bivens Hagerstown, R. D. 4 Roy or unknown) (Ifvagavavavoordalasolankee) None Due To Arteriosclerotic hearf disease Conditions, If any, which and (b) Gastrointestinal homorrhage, acute (c) salvavavavavavavavavavavavavavavavavavav				11	oan. 10,	1000
Female White WIDOWED X DIVORCED DIVORCED NAME OF WASH OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR HOLDEN WASH (Sive with Faffired) 13. CALIFER SHAME JOHN L MONdell S. WAS DECEASED EVER IN U.S., ARMED FORCES? Tea, no, or unbown (litys give war or delasticative) 14. MOTHER'S MADEEN NAME Anna M. SteinmetZ Address Address None Mrs Kathleen Bivens Hagerstown, R. D. 4 18. CAUSE OF DEATH [Enter only one cause par line for (o), (b), end (c).) 18. CAUSE OF DEATH [Enter only one cause par line for (o), (b), end (c).) 19. PART I. DEATH WAS CAUSED BY: (a), stating the underlying ocuse last. (b) Castrointestinal homorrhage, acute (a), stating the underlying ocuse last. (c) 10. DEETO Point of origin not recognized. (c) 10. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of line II B.) 20. ACCIDENT WAS UNDERLYING DALE FOR BATH (IF EITHER, NOTIFY MADICAL EXAMINER) 20. THE OF INJURY Month, Day, Yaar 20. THE OF INJURY (Hone, farm) 2	5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	1 1 1 1 1 1 1	
Da. USAL OCCUPATION (Give kind of work) Housewife None Home Hagerstown Wash. Co. None Home James Made No. John L Mondell S. WAS DECEASED EVER IN U.S. ARMED FORCES? Letter, no, or unbown (Iffragrave and or	Female	White w	DOWED DIVORCED D	May 3,1881	0/1	Days Hours Min.
Housewife John L Mondell S. WAS DECRASED FURE IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ver. no. or unknown) (Utysepivawarcrdalacotarvice) None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Interval between Hagerstown, R.D. 4 None Mrs Kathleen Bivens Hagerstown, R.D. 4 None None Mrs Kathleen Bivens Hagerstown, R.D. 4 None Mrs Kathlee					or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
John L Mondell 5. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Mrs Kathleen Bivens Hagerstown, R.D. 4 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] 19. PART I. DEATH WAS CAUSED BY: I. MANDEDIATE CAUSE (a) DUE TO Arteriosclerotic hear disease Conditions, if any, which gave is and (b) Gastrointestinal homorrhage, acute (a), stating the underlying DUE TO Origin not recognized. (a) stating the underlying DUE TO Point of origin not recognized. Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes no Enterly Bether and the control of Route and Route			Own Home	Hagerstown W	ash. Co.	U.S.A.
5. WAS DECEASED EVER IN U.S. ABMED FORCES? Wes, no, or unknown) (lifyssgivawrordalas of savice) 10. SOCIAL SECURITY NO. 17. INFORMANT No. Mrs Kathleen Bivens Hagerstown, R.D. 4 No. Mrs Kathleen	13. FATHER'S NAME					
5. WAS DECEASED EVER IN U.S. ABMED FORCES? Wes, no, or unknown) (lifyssgivawrordalas of savice) 10. SOCIAL SECURITY NO. 17. INFORMANT No. Mrs Kathleen Bivens Hagerstown, R.D. 4 No. Mrs Kathleen	Tohm	I. Mondoll		Anna M	Stainmat2	
None Mrs Kathleen Bivens Hagerstown, R. D. 4 18. CAUSE OF DEATH [Enter only one cause part line for (a), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause part line for (a), (b), end (c).] 19. Arteriosclerotic hear disease Indefinite Mindefinite			16 SOCIAL SECURITY NO 1 17		the same of the sa	
B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Ventricullar fibrillation Conditions, if any, which gave is to immediate cause (a), steling the underlying cause (a), steling the underlying cause last.	(Yes, no, or unkown) (I		9)		W	D D 4
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Ventricullar fibrillation				s kathleen blve	ens magers	town, R.D. 4
MAREDIATE CAUSE (a) Ventricultar information Due to Arteriosclerotic hear disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cousts least. Part III. Other Significant conditions contributing to Death But not recognized. Part III. Other Significant conditions contributing to Death But not related to the terminal Disease condition given in Part I (a) 19. Was autrops performed by						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foo yes No X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. p.m. 19	PARI I. DEAT	IMMEDIATE CAUSE (a) V	entricullar fibril	lation		minutes.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foo yes No X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. p.m. 19	120	DUE TO A	rteriosclerotic h	ean disease		Indefinite
(a), stating the underlying (c) Point of origin not recognized. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ia) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Don Contributing Cause of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) Contributing Cause of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. footyes No X County in Part III of item 18.) County in Part II of Item	Conditions, if any					
Courties last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes performed? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes performed? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes performed? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes performed? PERF	gava iisa io iiiiliadi	ale canse				ZI Hours.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes No Experiments of the part 1 or		nderlying P	oint of origin not	recognized.		14 5 3100 19
Diabetes mellitus; generalized arteriosclerosis; dry gangrene, rt. foot yes No X 20a. Accident was underlying 20b. Describe how injury occured. (Enter nature of injury in Part I or Part II of item 18.) 20a. Accident was underlying 20b. Describe how injury occured. (Enter nature of injury in Part II or Part II of item 18.) 20c. Time of injury Medical examiners 20d. Injury occurred factory, straat, office bidg., etc.) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury in Part I or Part II of item 18.) (Slate) (Slate) 20c. Time of injury Month, Day, Yaar 20d. Injury occurred 40 20e. PLACE of Injury (Home, farm, factory, straat, office bidg., etc.) 20c. Time of injury in Part II or Part II of item 18.) (Slate) 20c. Time of injury in Part II or Part II of item 18.) (County) (Slate) 20c. Time of injury in Part I or Part II of item 18.) (County) (Slate) 20c. Time of injury in Part II or Part II of item 18.) (County) (Slate) 20c. Time of injury in Part II or Part II of item 18.) (County) (Slate) 20c. Time of injury in Part II or Part II of item 18.) (County) (County) (County) (Slate) 20c. Time of injury in Part II or Part II or Part II or Part II of item 18.) (County) (County) (Slate) 20c. Time of injury in Part II or Part II		SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED Whila Not Whila at work a	Diabetes					
21. I certify that (I) (this hospital) attended the deceased from July, 19.61 to death	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Pa	rt of item 18.)	
21. I certify that (I) (this hospital) attended the deceased from July, 19.61 to death	₹ 20c. TIME OF INJU	IRY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (C	County) (Stata)
21. I certify that (I) (this hospital) attended the deceased from July, 19.61 to death	Hour a.m.		11 1111 11111 11111 11111 11111 11111 1111	tory, straat, office bldg., etc.)		
saw the deceased alive on January 16 161, and that death occured at 8:05, From the causes and on the date stated above 22a. SIGNATURE The company of the causes and on the date stated above 22b. DATE SIGN		.,		T1 C1	J 41-	
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa) Robert F. Keadle, 22d. DATE THEREOF PHYS. 22d. DATE THEREOF PHYS. 22d. DATE SIGNATURE 22d. DATE THEREOF PHYS. 22d. DATE	21. I certify t	hat (I) (this hospital)	attended the deceased from.	July 9.05 B	to death,	19, that (I) (we) las
ATTENDING MED. DIRECTOR DIRECT	saw the deceas	sed alive on Janu	ary 10 1901, and that	death occured at	off the causes and o	n the date stated above
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1/19.62 Rose Hill Cem. Hagerstown Wash Co Md/ 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	22a. SIGNATURE	Totat:	Tika llo			1-17-62
REMOVAL (Specify) Burial 1/19.62 Rose Hill Cem. Hagerstown Wash Co Md/ 256. REC'D BY REGISTRAR'S SIGNATURE		R	cobert F. Keadle,	223 18 North Po	tomac Street	, Hagerstown
Burial 1/19.62 Rose Hill Cem. Hagerstown Wash Co Md/	3a. BURIAL, CREMATI	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	OCATION (City, town or co	unity) (Stata)
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR'S SIGNATURE	D	1/19.62	Rose Hil	Cem.	lagers town	Wash Co Md/
						'S SIGNATURE
			Hagerstown Md.	· PATE IAN 23	'62 Chithung.	S. Finera

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Andrew 1. Coffeen dagerstown Ld.

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Robert F. Mozgle, 218 North Potenting Street, Stuck toung

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH e. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, If instit b. COUNTY	ution: Residenca befora admissi	on)
-	Washington	MARYLAND	Mary.		Washington	
	b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	12	If outside corporate limits, write RUI	(AL and give neerest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	1 year	d. STREET ADDRESS	rstown	e, IS RESIDEN	ICE.
			d. SIREET ADDRESS		ON A FARM	
	Washington County Hosp	oital	31 S. I	Prospect St.	YES NO	
3	. NAME OF First	Middle	Lest	4. DATE Month	Dey Yeer	
I	(Type or print) Virginia Agr	nes Drew		DEATH January	31 19 62	
5	. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF U	INDER 1 YEAR IF UNDER 24 HR	-
	Female White WIDOWE	D DIVORCED K	Sept. 17,	1886 75 yrs. Mo	nths Deys Hours Min	
	0a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNT	RY?
-		ratary Schoo				
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
_	Franklin Pierce		Rosina	Dennis		
1 (5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unkown) (Ifyes give wer or detes of service)			Address		
	No		rothy Myer	s Funkstown,		-
	18. CAUSE OF DEATH [Enter only one cause per I	ine for (e), (b), end (c).]	10	*	ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	anny c	norom	ivas.	A	
	LA C DUE TO	LTO	, –	// 1	Hudde	4
	Conditions, if any, which \ (b)	now"	Jeleville	Hurr Ausen	2 / 100000	
	geve rise to immediate cause			/		
	(a), stering the underlying					
2	10/	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOP:	SY
. 19					PERFORMED?	7
	20e. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part Lor Part II of itom 19 \	LES [] HO [1
CEPTIFICATION		CRIBE HOW INJOK! OCCORED	, (Ender Relate of Injuly In	ran to ran a or nem to.,		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d.		CE OF INJURY (Home, ferr		(County) (State)	
250	Hour e.m. While)	· ·		
	21. I certify that (I) (this hospital) atten	ded the deceased from	muris 37	196/2 10 Jan 3/	., 19.6., that (I) (we)	last
	saw the deceased alive on	3//3	death occured at//	3M from the causes and	on the date stated abo	
	22e. SIGNATURE				/. 2/b. DAT	rE
	Sidney noven	alle "		MED. STAFF DIRECTOR PHYS.	1/3/16 3161	NED
	236. PHYSICIANS NAME (Type) DNEY N	OVENSTE	NZd. ADDRESS FUNI	KSYUWN	m	
2	38. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (Steta)	
1	cremation Feb. 1, 1962	Greenmount	Crematory	Baltimore,	Md.	
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. RE	C'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE	
15	Scott F. Minnich & Son	Hagerstown,	Md . DATE	8 5 '62 Cirthur	8. Kraus	

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Owner ... Secretary School all all chand, in.

Singel Fores (Depart Hillman)

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Decamation 100. 1. dibbilion country cremation of the constant

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. in by the funeral es 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within a death. Page 4 may be retained by the hospital or attending physician.

TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and completely in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01192

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceesed lived, If institution: Resident	ence before edmission)
•. COUNTY Washington	MARYLAND	a. STATE Marvland b. COUNTY Wash	ington
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end giv	e nearest town)
write RURAL end give neerest town)	20 4770	12 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos.	20 yrs.	d. STREET ADDRESS	e. IS RESIDENCE
	plial, give siteel eddress;	1	ON A FARM?
139 Greenmount Ave.		139 Greenmount Ave.	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE Month Da	y Yeer
(Type or print) PEARL MAY	EMBLY	DEATH January 13	1962
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	R IF UNDER 24 HRS.
Female White WIDOWE	1	arch 8,1895 66 yrs. Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
Housewife Ow	n Home	Ashtabula, Ashtabula Co. Ohio	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Andrew Baker		Mary (Unknown)	
	SOCIAL SECURITY NO. 17, I	ATTOMATE ATTO	Ma
(Yes, no, or unkown) (Ifyes give wer or detes of service)	None Day	rid L. Embly 139 Greenmount A	ve.
18. CAUSE OF DEATH [Enter only one cause per li			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0 1		DISET AND DEATH
IMMEDIATE CAUSE (e)	andis 1	resented correspond	MIN
DUE TO	0	1 0	
Conditions, if eny, which (b)	my	Who could account ?	ACAYD,
geve rise to immediate cause (e), stating the underlying DUE TO	1	1	
couse lest. (c)	enhal	Went oclass	IRM MID.
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON			YES NO NO
	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
S 20c. TIME OF INJURY Month, Dey, Yeer 20d. I		CE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. I While P.m. 19	1101 111110	ory, street, office blogs, etc.)	
21. I certify that (I) (this hospital) attend	ded the element from	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19	The (1) to last
			Illai (I) the lab
saw the deceased alive on	19.0 , and that	death occured atM, from the dauses and on the	22b. DATE
22a. SIGNATURE	(11)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	M	D. PHYS. DIRECTOR PHYS.	1711
NAME (Type) Louis	FOREF M	Dutiat	At her
9-6	11//////	+ 11111	1/41-11-1
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	Pennsylvan	(Stete)
Burial 1/16/62	Price's Ce	metery near waynesboro Fran	oki in Co
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE - 11 OO .
Andrew K. Coffman, Has	gerstown, Mar	Vland DATE JAN 17'62 Carling 9 4	

A Evaluation of the state of and the second Partin C. 1 McC. ornorally districted are not as he BECH MED Introduction (Transfer SWITTHOUSE IN BOL MI LOU BITHLE VIV. July 1 1 De December 15 3 - 15 5 Experience of the said of the said of the said of WARD WOODS ATTION TO MAKE A - 5) 2/1 00 - 5) 1 5/2 0000 5 1) 2/1 (Hystof) 7/1 4 M77185 2 0005 The state of the s Andrew A. Corridan, Magetten, Murgrand and Alexand Correction

MARYLAND STATE DEPARTMENT OF HEALTH

O 1208 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

01192

har L CERTIFICA	TIE OF DEATH	. 1,00
1. PLACE OF DEATH / askingtow County o. GOUNTCOCK Rest Home MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R o. STATE Cumberland Md b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give georest fown) HB nCOCK	c. CITY OR TOWN (If outside corporate limits, write RURAL	L and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION Hancock Rest Home	Cumberland, Maryland	ON A FARM?
3. NAME OF DECEASED (Type or print) Bernice M Everstine Middle	Lost 4. DATE Month OF DEATH January	Day Year 25 19 62
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF U	UNDER 1 YEAR IF UNDER 24 HRS Onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Physio Therapist	USTRY 11. BIRTHPLACE (Stote or foreign country) Cumberland Md	12. CITIZEN OF WHAT COUNTRY US
David Everstine	14. MOTHER'S MAIDEN NAME Clara Willard	
Yes, no, or unknown) If yes, give war or dates of service	NFORMANT Address The Mark Hancock	Md
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	30 grs.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED that a.m. 29 While of work day ork for the state of	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	(County) (State
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an far 25 1962, and that 220. SIGNATURE F. D. Thomas TT M.D. 22c. PHYSICIAN'S NAME (TYP) THOMAS TA M.D.	death accurred ay/35 M, from the causes and a M.D. ATTENDING MED. DIRECTOR DYPHYS. D 22d. ADDRESS AANCOCK Md.	that (I) (a) last the date stated above 22b. DATE SIGNE
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jan 29, 1962 Rose Hell 24. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer Cemberland	Cemetery Cumberlan	ounty) (State) (AR'S SIGNATURE
		A. / WALLS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reprired by the haspital or attending physician.

TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shapped to use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filled with the Stote Board at Health priar to burial, cremation, ar remayol, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/S9

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	0	1210	011 01 3	CERTIFIC	AT	E OF DEATH	TORE 1, I	MARILAND		01	195	
	PLACE OF DEATH o. COUNTY Wa	shington		MARYLAN	4D	2. USUAL RESIDENCE (Who o. STATE Maryla	nd	l lived. If institution b. COUNTY	on: Residence Nashi	e before	e odmissi	on)
	b. CITY OR TOWN (H RURAL ond give ne Sandy Hoo		ts, write	c. LENGTH OF STAY IN 26 years	1Ь	c. CITY OR TOWN (IF ou		rote limits, write RU	JRAL ond g	ive near	rest town)	
	d. NAME OF HOSPIT	AL (If not in hospitol, g Residence		ddress)		d. STREET ADDRESS Clark Ro	ad			е	ON A	
	NAME OF DECEASED (Type or print)	ANNA	st	LEE Middle	FI	Lost LEMING	4. DATE OF DEATH	Jan.	th 23,	Day		eor 9 62
	sex 'emale	6. COLOR OR RACE White	7. MARRIE	DIVORCED	_ .	date of Birth		9. AGE (In years lost birthday) 71 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS Min.
00	during most of work HOUSEWLE	ing life, even if retired	one 10b. K		NDUST	Silver Gr			12. CITIZ	ZEN OF	WHATCO	
3.	FATHER'S NAME		107			14. MOTHER'S MAIDEN N						
		J. Nick			2	Jennie						
		R IN U. S. ARMED FOR (If yes, give wor or dates of s None				ormant Mrs. R 0#1, Knoxvi						
		mmediote (61	e for (o), (b), and (c).]	Jn	undayed (Ali	malas			RVAL BET	
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	PERFOR	AUTOPSY RMED? NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in P	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. IN While of work	_ Not while _		CE OF INJURY (Home, form, ory, street, office bldg., etc.)		or fown)	(C	County)		(Stote
	saw the deceas) attende	ed the deceased fro		2 - 1 196 eath accurred a 3:2		/-23 — the causes an				abave
	22c. PHYSICIAN'S	78V	MY	\$	М	ATTENDING ME DIR 22d. ADDRESS	D. ECTOR [STAFF PHYS.			1/24	DATE
	NAME (Type)	16.1	3	PRVITT		1.0. ADDRESS &	NU	Diw 2	7	11	191	,
	BURIAL, CREMATIO REMOVAL (Specify)	1/25/62		23c. NAME OF CEMETER Fairview	_			ivar, We	est V	la.	(Stote	:)

Harpers Ferry, West Va.

25b. REGISTRAR'S SIGNATURE

winny S. Kraus

250. REC'D BY REGISTRAR

DATEJAN 3 0 '62

VR A15 (4) 1SM 9/S9

FUNERA DIRECTOR AIGNATURE

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The state of the s	in the supplied his other services.			

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3. NA DE (Ty

5. SEX

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CERTIFICATION 20 OI (IF

MEDICAL 20

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	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01211 CERTIFICA	TE OF DEATH 0.1.196
CE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
OUNTY NASHINGTON WARYLAND WARYLAND IT ON (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	a. STATE MARYLAND WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL 2 INDIAN SPRINGSIFE AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	JINDIAN SPRINGS, MD. d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
RESIDENCE	YES NO
ME OF First Middle	Last 4. DATE Month Dey Yeer OF
or print) RUTH JANE FORS	
7. MARKED NEVER MARKED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. MARCH 5.1883 78 yrs.
SUAL OCCUPATION (Give kind of work uring most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
OUSE WORK HOME DUTLES	14. MOTHER'S MAIDEN NAME
JACOB P. FORSYTH	ROSANNA MILLS
S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Hyesgivewarordetesofservice) NONE NONE	MINNIE MAY FORSYTH INDIAN SPRINGS, MD.
CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Broncho	o Theimoria Sauge
DUE TO nditions, if any, which (b)	
ve rise to immediate cause , stating the underlying	
part II. Other significant conditions contributing to death but N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Tennal Ocle	roris YES NO
ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Pert I or Pert II of item 18.)
	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City or lown) (County) (Stete)
I certify that (I) (this hospital) attended the deceased from	of death occurred and R.M. from the causes and on the date stated above.
. SIQNATURE	ATTENDING MED. STAFF 226. DATE
PHYSICIAN'S NAME (Type)	M.D. PHYS. DIRECTOR PHYS.

23a, BURIAL, CREMATION, 23b, REMOVAL (Specify)

BURIAL JAN.
24 FUNERAL DIRECTOR'S SIGNATURE VR A15 VR A1S (4) 15M 7/61

FORSYTH ADDRESS 6,1962

(Stete) town or county)

23c. NAME OF CEMETERY OR CREMATORY

INDIAN SPRINGS

250. REC'D BY REGISTRAR'S S

1AN Q '62 JAN 9

DATE THEREOF

CLEAR SPRING,

RURAL 2 SELECT STREET, ERT SEET, ELLOSAL DESCRIPTION A. S. V - CLOS ONING BRILD I SHITLE SHOT SHOW MINOS BOUGH WOME TWO AND THE WAY FORSTTU TWO AND SELECTION OF THE SEL and the free for the second second Jan Jan J. Ber J. Jan J Mario R. Brever BURTAL MAR. K., 1962 THE THE GENERAL BURTANCES AND ANGES

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 118 4 (17

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission)
Washington MARYLAND	•. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Hagerstown 48 years	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give neerest town) 13 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE
	ON A FARM?
1154 Hamilton Blvd.	1154 Hamilton Blvd. YES NO
3. NAME OF DECEASED (Type or print) William Jonathan Fri	iedel1 4. DATE Month Day Year OF DEATH January 15 19 62
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED □ DIVORCED □ NO	last birthdey) Months Days Hours Min.
dona during most of working life, even if refired)	Y 11. BIRTHPLACE (County & Stele, or foreign country) Near Bassett, Va.
Engineer Railroad	
	14. MOTHER'S MAIDEN NAME
William A. Friedell	Nancy Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown) (Ifyesgivewerordatasofservice)	NFORMANT Address
	illiam A. Friedell Hag. Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL SETWEEN
PART 1. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	andral infarction 30 min
DUE TO DUE TO	a A C Cualing All
Conditions, if any, which gave rise to immediate cause	eroll court by, yeary
(e), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
NE CONTRACTOR DE	YES NO VY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, straet, offica bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	21 MAY 1958, to 15 JAN., 19 62, that (I) (**) last
	which occured 3.3.30 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
William of Jana	ATTENDING MED. STAFF PHYS. XX DIRECTOR PHYS. 17 JAN. 1962
22	22d. ADDRESS
NAME (Type) RICHARD T. BINFORD, M. D.	1135 POTOMAC AVE., HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify) Burial 1-18-62 Cedar Lawn I	OR CREMATORY 23d. LOCATION (City, town or county) (State) Mem Gardens Hagerstown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	10N = 0 100

DELIGHTS CONTROL . AVET dolling toys. . HV FILL WATER THE VALLE William T. Wall and the patrick of the control of t areas women and a firm for a constitution of the constitution of t The state of the s Suggested infaction 30 min 17 40. 1958 1135 STOVIC IVE., INGURE, OMI, NO.

arias farilaria Codar Lawn Sea Carders Castridova. U.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician. S TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. S Hould be detached for use as the burial-transit permit. Then please remove carbon papers. S Hould be detached for use as the burial-transit permit. Then please remove carbon papers. S Hould be detached for use as the burial-transit permit. Then please remove carbon papers.	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 shoulds be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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15M 9/60	6

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
01213 CERTIFICATE OF DEATH	1198
1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If institution: Residence	bafora admission)
Washington MARYLAND MARYLAND MARYLAND Washin	gton
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Hagerstown 70 years 03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Washington County Hospital 32 Summit Ave.	YES NO
3. NAME OF First Middle Last 4. DATE Month Dey DECEASED T	Year
(Typa or print) John Franklin Fry DEATH January 30	1962
7. MARKIED NEVER MARKIED	Hours Min.
WIDOWED DIVORCED YIS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF Near Weverton, Md.	WHAT COUNTRY?
13. FATHER'S NAME	
Charles E. Fry Mary Goodman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (Ifyasgiva war or datas of sarvice) Mrs. John Myerly Hagerstown,	Md.
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),]	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease with ventricular 2	days
400 DUE TO fibrillation	
Conditions, if any, which \ (b) Arteriosclerotic heart disease In	ndefinit
gave risa to immediata causa	
(a), stating the underlying causa last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	WAS AUTOPSY PERFORMED?
Incarcerated partial obstruction inguinal hernia vi	S NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Incarcerated partial obstruction inguinal hernia 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Park) Hour a.m. While Not While at work at work at work at work at work	(Stata)
21. I certify that (I) (this hospital) attended the deceased from Jan. 8 10 62 to Jan. 30 , 19 62, th	at (I) (we) last
saw the deceased alive on Jan. 30 19.62, and that death occured at	
228. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. \(\text{DIRECTOR} \) 1/31/6	22b. DATE SIGNED
22c. PHYSICIAN'S B. B. Kneisley, M.D. 22d. ADDRESS 148 West Washington S. Hagerstown, Maryland	Street
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stala)
Burial 2-2-62 St. Paul's Cemetery Near Clearspring,	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown, Md. DATE 1 250. REGISTRAR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 258. REGISTRAR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 2588. REC'D BY REGISTRAR'S SIGNATUR	

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miscorsing - come of management washington County-despited | Indingstinguous actgalfax ade with the comment of the comment AS THE STATE OF TH Lowest Took Took took teleping vis a land . bil . maora royalt throw and to and the - Corporate Street of the second of the seco The present the part of a control of the late of the l TOTAL SERVICE THE PROPERTY OF THE PROPERTY OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 11.2 IISHBI BESIDENCE (Where decessed lived if institution, Peridence before admission)

e. COUNTY		e. STATE	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b. COUNTY		
Washington	MARYLAND		yland		Washin	gton
b. CITY OR TOWN (if outside corporete limits, c. LE write RURAL end give neerest town)	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	ete limits, write RL	JRAL and give ne	erest town)
Hagerstown	1 wk. 0	3 Hage	rstown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, gi		d. STREET ADDRES				e. IS RESIDENCE
Washington Co. Hospital		343 Ce	ntral A	lve.		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey	1.11
The state of the s	EARHART		DEATH	January	<i>r</i> 1	1962
F STY	NEVER MARRIED B. DA	ATE OF BIRTH	9.	AGE (In yeers IF		IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED Jun	ne 18,18	91 7	O yrs.	onths Deys	Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 1	II. BIRTHPLACE (Co	unty & Stete, or fo	oreign country)	12. CITIZEN OF	WHAT COUNTRY?
Farmer Retir	ed nes	ar Hager	stown. V	Jash. Co.	Md.	USA.
13. FATHER'S NAME	14.	MOTHER'S MAIDE	N NAME			
James M. Gearhart		Mary Ja	ne Rowl	and		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (Ifyes give wer or detes of service)	L SECURITY NO. 17. INFO	ORMANT		Harrat	town Ma	mirland
No 705-10	0-4727 Mrs. A	Agnes H.	Gearhan	Hagerst	Central	Ave
18. CAUSE OF DEATH [Enter only one ceuse per line for	(e), (b), end (c).]	0		. 0,020	INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nonaty	Embo	140		ONS	H hrs .
		2 111 00	104			7
Conditions if case which a	minal e	ercino	20 2 + 21		11	mo.
geve rise to immediate cause	miner	ercino	meco	14		ino
(e), steting the underlying DUE TO		1 00	0		i	5
	inc ma		cum			,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	ELLATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN		PERFORMED?
CAI					Y	ES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE F OR CONTRIBUTING CAUSE OF DEATH I/F EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED. (En	nter neture of injury	in Pert I or Pert II	of item 1B.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY	OCCURRED 2De, PLACE (OF INJURY (Home, fo	erm, ' 2Df. (City	or town)	(County)	(Stete)
Hour e.m. While No et work 19	ot While factory,	street, office bldg.,				
21. I certify that (I) (this hespital) attended the	ne deceased from	e C . 2/	, 196./., to	tenlyt	, 19(2, th	at (I) (we) last
saw the deceased alive on	19.62, and that de	eath occured at.	// P.M. from	the causes an	d on the dat	e stated above.
22e. ATGNATURE		ATTENIBUNG	MED	CT A FF		22b. DATE
1. G. / Loll me	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1-3-61
22c. PHYSICIAN'S		22d. ADDRESS	Δ.			
NAME (Type) Lloyd A - HOF	tman	214 N	. Poto	macut	Heger	-stony Inc
REMOVAL (Specify)	NAME OF CEMETERY OR		23d. LOCA	TION (City, town	or count	(Stete)
Burial 1/4/61 Du	inkard Ceme	tery	Broa	dfordin	r. Wasa.	da. Not.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTE	RAR 25b. REGIS	TRAR'S SIGNATI	URE
Andrew K. Coffman, Hagerst	the outh	DATES	JAN 8 '62	ari	wa S. Kraw	
	AM STATE OF STREET					

Mar partelling Tourishingon wo dought and the company of nogurithms. La Long trans to the second se aviet de la montog E STATE OF But But AL parts and early have been about market a state of a contract of a The state of the s more than the second of the se And contain the following to the first of the first the The same of the sa en and all the second

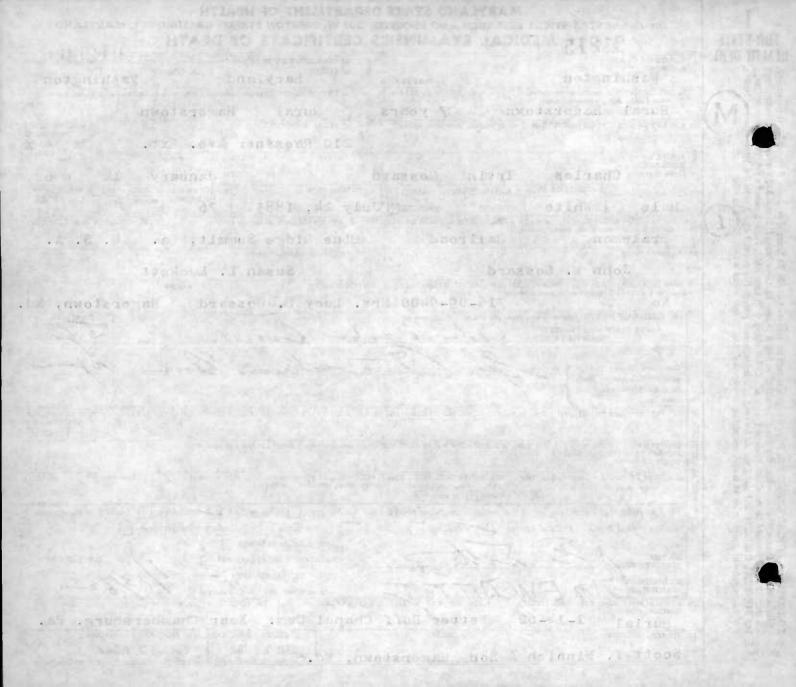
FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please executions after certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fundamentary described to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72-thurs after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY Who ship mater		- CTATE	h COUNTY	itution: Rasidanos before admission
Washington	MARYLAND		yland	Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Hagerstown	37 years	Rural	f outsida corporata limits, writa RU Hagerstow	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	114601000	l a. IS RESIDENCE
		210 Roes	sner Ave. Ext	ON A FARM?
NAME OF DECEASED (Type or print) Charles Irvi	Middla n Gossard	Last	4. DATE Month OF DEATH January	Day Yaar 12 19 62
6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF	
Male White WIDOWE	DIVORCED J	uly 24, 18	85 76 yrs.	onths Days Hours Min.
dona during most of working lifa, avan if retired)	ND OF BUSINESS OR INDUSTE ${f 1road}$			12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	Troau	14. MOTHER'S MAIDEN	e Summit, Pa.	U. S. A.
		The state of the s	A STATE OF THE STA	
John W. Gossard	Octal crotte		san L. Lucket	τ
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S Yas, no, or unkown (Ifyesgivawarordatasofservica) 716	5-09-9400 Mr		Addrass Gossard H	lagerstown, Md
18. CAUSE OF DEATH [Enter only one cause par li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	6: 1/m	1. 1	^	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ou com	The great	rien	- Juan
1 1 1 DUE TO	/ 9	- 0	. 01	m/s-
Conditions, if any, which gave risa to immadiata causa	1. Certen	a rear	m peren	- /0/
(a), stating the undarlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	BE HOW INJURY OCCURED. (Entar natura of injury in Par	l or Part II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. Whila p.m. 19	Not Whila fact	ACE OF INJURY (Homa, farm tory, street, office bldg., atc.		(County) (Stata)
21. I certify that I took charge of the remains	ains described above, he	eld an Autopsy .	Inspection Inquiry	, and in my opinion
death resulted from Natural causes	Accident, Suic	ide, Homicide	, Undetermined man	ner 🗌
157	*	CHIEF MEDICAL I	EXAMINER	
SIGNATURE AS	100	M.D. ASSISTANT MEDI	ICAL EXAMINER	/ DATE SIGNED
EXAMINER'S 1180 FIN 77	77.9	DEPUTY MEDICAL		13/12
20. BURIAL, CRIMATION 22. DATE THEREOF	22c. NAME OF CHETERY OF		city, town, or county) 22d. LOCATION (City, town, or	country) (State)
REMOVAL (Specify)	etter Hoff	Chapel Cem		ersburg, Pa.
23. FUNERAL DIRECTOR	ADDRESS	24a. REC	D BY REGISTRAR 246. REGISTI	RAR'S SIGNATURE
Scott F. Minnich & So	n Vacaneta	MA DAHAN	1 6 '62 arthur	S. Frank



	-	NI Kan on her	01216		CERTIFICA					15 15 B	11211
Mi		PLACE OF DEATH . COUNTY				a. STATE		Ь	ived, If ins		dence before edmiss
	-		Washington if outside corporate limit		MARYLANI c. LENGTH OF STAY IN		Md.	sida corporete lim	ite write P	RIPAL and of	Washi
611		write RURAL end	give nearest town)			V				NORAL BIIG GI	10 (10010)
	-	Rural d. NAME OF HOSPIT	Smithsburg	f not in hospi	Life	d. STREET	Rural	Smiths	burg		e. IS RESIDE
X											ON A FAI
		NAME OF DECEASED	First		Middle	Last		DATE	Month	D	ey Year
		(Type or print)	Lela		E. Gue	ssford	1201111	OF DEATH J	an.	5	1962
FOL	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н		n yeers II	FUNDER 1 YEA	AR IF UNDER 24 H
		Female	White	WIDOWED	DIVORCED	Aug. 12,	1906	55	yrs.	Months Dey	s Hours Mi
	10a dos	. USUAL OCCUPAT	ION (Give kind of work	10b. KIN	ID OF BUSINESS OR INDU	JSTRY 11. BIRTHPL	ACE (County &	State, or foreign o	country)	12. CITIZEN	OF WHAT COUN
_		House	-			Wash	ington	Co., Md.		U.S	5.A.
1	1/3.	FATHER'S NAME				14. MOTHER'	S MAIDEN NAM	NE .			
(-)	/	Harvey S					ie Trac				
1	15. (Yes	s. no. or unkown) I (I	ER IN U.S. ARMED FOR fyesgivewarordatesofse	CES? 16. SO	OCIAL SECURITY NO. 17	7. INFORMANT			Address		
		No				Mr. John	H Gues	eford	Smit	thehum	6M C# m
- 61	-						TIA UUGO				
		18. CAUSE OF D	EATH [Enter only one	ceuse per lin	e for (a), (b), end (c).]			22024	No Illum	cuspur	INTERVAL BETWEEN
		PART I. DEAT	EATH [Entar only one H WAS CAUSED BY:		e for (a), (b), end (c).]				O III.	TIDUCITY	g #2. Md. INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Core	onary Occl	usion				onsour,	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	Core	e for (a), (b), end (c).]	usion				onsour	Interval Between onset and Death 1 day 5 Yrs.
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b)	Core	onary Occl	usion				onsour	1 day
		Conditions, if any gave rise to immadi	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) ieta cause	Core	onary Occl	usion				chsour	1 day
	~	Conditions, if any gave rise to immadi (a), stating the u cause last.	H WAS CAUSED BY; IMMEDIATE CAUSE (a) DUE TO (b) Interpretation (b) DUE TO (c) (c)	Core Hyp	e for (a), (b), end (c).] onary Occl	usion Cardiov	ascula:	r Disea	se		onset and death l day 5 Yrs.
	TION	Conditions, if any gave rise to immadi (a), stating the u cause last.	H WAS CAUSED BY; IMMEDIATE CAUSE (a) DUE TO (b) Interpretation (b) DUE TO (c) (c)	Core Hyp	onary Occl	usion Cardiov	ascula:	r Disea	se		1 day 5 Yrs.
	FICATION	Conditions, if any gave rise to immedi (a), stating the u cause last. PART II. OTHER	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) iela cause ndarlying R SIGNIFICANT CONDIT	Core Hyp	e for (e), (b), end (c).] Onary Occl Fritensive	usion Cardiov	ascula:	r Disea	S (E)		1 day 5 Yrs.
0	ERTIFICATION	Conditions, if any gave rise to immedi (a), stating the u cause last. PART II. OTHER	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Interpretation (b) DUE TO (c) R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH	Core Hyp	e for (a), (b), end (c).] onary Occl	usion Cardiov	ascula:	r Disea	S (E)		1 day 5 Yrs.
0	AL CERTIFICATION	Conditions, if any gave rise to immedi (a), stating the u cause last. PART II. OTHER 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Iota cause Indarlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Hyperions conti	e for (e), (b), end (c).] Onary Occl Entensive RIBUTING TO DEATH BUT	Cardiove NOT RELATED TO	ASCULA:	P DISEASE CONDITI	S (C)	N IN PART 1(e	ONSET AND DEATH 1 day 5 Yrs.
0		Conditions, if any gave rise to immedi (a), stating the u cause last. PART II. OTHER	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Iota cause Indarlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Hyper Hyper 20b. DESCRIPT 20d. IN While	e for (e), (b), end (c).] Onary Occl Entensive RIBUTING TO DEATH BUT RIBE HOW INJURY OCCU AJURY OCCURRED 20e. Not While	usion Cardiov	ASCULA: THE TERMINAL I	r Disea	S (C)		ONSET AND DEATH 1 day 5 Yrs.
0	MEDICAL CERTIFICATION	Conditions, if any gave rise to immedi (a), stating the u cause last. PART II. OTHER 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTHER) 20c. TIME OF INJU Hour a.m. p.m.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) leta cause ndarlying (c) R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Yee	Hyper Hyper 20b. DESCI	RIBUTING TO DEATH BUT RIBUTING TO DEATH BUT RIBE HOW INJURY OCCU Not While st work	USION Cardiove NOT RELATED TO	THE TERMINAL I	DISEASE CONDITI	ON GIVEN	N IN PART 1(e	ONSET AND DEATH 1 day 5 Yrs. 19. WAS AUTO PERFORMET YES NO (Stete
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MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 housed death. Page 4 may be retained by the hospital or attending physician.

TO FUNE.

TO FUNE.

Along 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Leges 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(120)2

1.	PLACE OF DEATH		VCE (Where deceased lived, If institution: Reside	ence before admission)				
	ashington MARYLAND	Maryland Washington						
	b. CITY OR TOWN (if outside corporete limits, . c. LENGTH OF STAY IN 1b		(If outside corporete limits, write RURAL end give	e nearest town)				
	write RURAL and give neerest town) He crere town	12 He	10					
-	Hagerstown 1 Yr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	gerstown	a, IS RESIDENCE				
				ON A FARM?				
	424 Brewer Ave		ewer_Ave	YES NO XX				
3.	NAME OF First Middle DECEASED	Last	4. DATE Month Da	y Yeer				
	(Type or print) JAMES FRANKLIN	HANN	DEATHJanuary 21	19 62				
5.		. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR	R IF UNDER 24 HRS.				
10	The state of the s	uly 6 192	lest birthday) Months Deys	Hours Min.				
10a	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR			OF WHAT COUNTRY?				
	ne during most of working life, even if retired)			SA				
12	Laboratory Pangborn Corp.	Hagersto		DA				
13.		14. MOTHER'S MAIDEN						
	Earl J. Hann		ie Kidwell					
15.	r no or unknown) ((five give weed about a minute) Z=Z4=54/8	NFORMANT	Address					
Y	es Korean Conflict Ro	salie K. H	Hann 424 Brewer Ave					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	F		NTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Spentameour	. 1	1 7/1	ONSET AND DEATH				
	AFAY	, and the control of	Total Control of the	10 11000				
	TSA DUE TO DO 1 11	1 1	1 -1 11.1-1	/				
	Conditions, if eny, which) (b) 1) Statu Arech	your of C	End of Willie 1	Tilesan				
	gave rise to immediate cause DUE TO	State of the state of						
	ceusa last. (c)			State of the same				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(e)					
ATE				YES NO Z				
FIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part or Pert of item 18.)					
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		CF OF INTURY (II	100((5))	(51-11)				
MEDICAL		CE OF INJURY (Home, fer ory, street, office bldg., et		(State)				
WE	p.m. 19 ef work at work							
	21. I certify that (I) (this hospital) attended the deceased from.	June 21,	1961, to Jmn 2/ , 1967	4hat (I) (we) last				
	saw the deceased alive on 21 1962, and that							
	22e. SIGNATURE		The second of the	, 22b. DATE				
	9 N. M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED				
	22c. PHYSICIAN'S	.D. PHYS. 22d. ADDRESS		1/22/62				
	NAME (Type)		145 W. Washington St.					
_	L. L. Packer, Jr.		rstown, Maryland					
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, town or county)	(Stete)				
1	Burial 1/25/62 Rest Haven	Cemetery	Hagerstown Wash	lo Md.				
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. Ri	EC'D BY REGISTRAR 256. REGISTRAR'S SIGN					
	Andrew K. Coffman Hagerstown Md.	DATE	IN 2 6 '62 Carting & the					
		IDAIOR	The Comment of The					

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CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01218 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY ARRE the 12 MARYLAND and c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give neerest town) GERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE Day Month Year paper DECEASED (Type or print) DEATH 19 6 3 carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BERTH 7. MARRIED NEVER MARRIED and last birthday) Months Hours WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) UARREN CO, 6 ABOREA attending ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 1 (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 19. WAS AUTOPSY PERFORMED? as NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work p.m. 26 , 1962, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from attended the deceased from the death occured at 10.00, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED K PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) eath. Page FUNEN 23e. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify S. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE DATE JAN 2 9 '62 VR A15 (4) MAN HAGEASTOWN, MD. Cirthur S. Trave 15M 9/60

DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay 4 may be retained by the hospital or attending physician.

O FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Less 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL 09/6 WSI Dector, page 6 WSI Dector, page 6 WSI Dector, page 6 WSI Dector, page 7 Dector, page 7

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

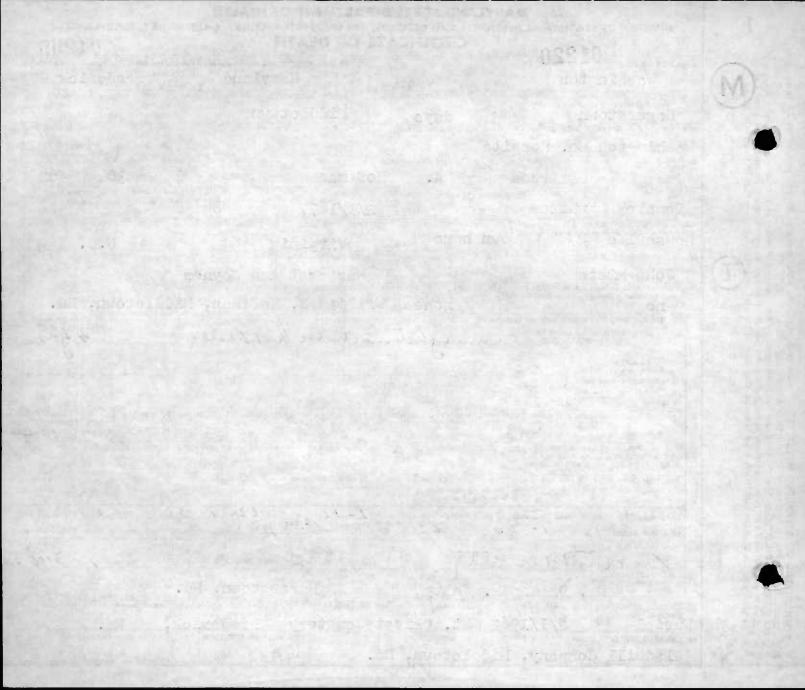
V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution; Residence before admission)
1	a. COUNTY	a. STATE b. COUNTY
Λ-	Washington MARYLAND	Maryland Washington
П	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	Hagerstown 3 Mos	U 3 Hageratown
N.	Ad. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
b		ON A FARM?
1	\ 631 George St	631 George St
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
	(Type or print) The State	DEATH - 1000
-		- Carract y Do
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5	B. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IF UNDER 24 HRS.
н	Female White WIDOWED DIVORCED	March 13 1891 70 yrs.
1	10e. USUAL OCCUPATION (GIVe kind of work 10b. KIND OF BUSINESS OR INDUST!	
	done during most of working tife, even if retired)	T IICA
1	Housewife Own Home	Lewistown Fred Con Md USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
\mathcal{M}	James R. Plunkert	Adaline Hamilton
/ -		INFORMANT Address
	(Yes, no, or unkown) (If yes give wer or dates of service)	
١.	No Unable to M:	rs Faybelle Gerberich 901 Summit Ave
	18. CAUSE OF DEATH [Enter only one ceuse pello (Hat 3), and (c).]	Un many to the live of the liv
	PART I. DEATH WAS CAUSED BY:	
	MMEDIATE CAUSE (a) Coronary and	lery Iterambesis 10 min.
	DUE TO	
	Conditions, if any, which \ (b) Cirtereo scleen	ser 54 cars.
	geve rise to immediate ceusa	
-1	(a), stating the underlying DUE TO	of to
	couse lest. (c) La-le-le-s me	ellelies 10 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
31	TI I I I I I I I I I I I I I I I I I I	YES NO A
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4	OR CONTRIBUTING CAUSE OF DEATH	2. (Enter natura of injury in ren i of ren ii of fiem ib.)
П		
-1		ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
-1	Hour a.m. While Not While fac	ctory, street, office bldg., etc.)
	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from.	
	saw the deceased alive on 19 and tha	t death occured M. M., from the causes and on the date stated above
-1	22a GNATURE	22b. DATE
-1	223 000141011	ATTENDING MED. STAFF SIGNED
		M.D. PHYS. DIRECTOR PHYS. 1/36/6
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME Typie Cecroe Tennings	5 136 W Washereten Ft Hageiston
		OR CREMATORY 23d. LOCATION (City, town or county)
	23e. BURIAL, CREMATION, 23b. DAC THEREOF 23c. NAME OF CEMETERY	OK CKEMATOKI (City, town of county)
	Burial 2/1/62 Rose Hill	Cemetery Hagerstown Wash Co Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		DATE EFF 2 '62 Civing S. Trave
1	Andrew K. Coffman Hagerstown Mc	DATE FEB 2 '62 Civina A. Tuana

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission)

Washi	ngton		MARYL	IND	a. SIAIE Ma	rylan	d b. coor	" Frede	rick	1
	f outsida corporata limits, giva naarast town)	c. L	ENGTH OF STAY	C. CITY OR TOWN (If outside corporata limits, write RURAL and given the component of the co					naarest tow	n)
Hagerst		THE REAL PROPERTY.	days		Middletown					
d. NAME OF HOSPIT	TAL OR INSTITUTION (if n	not in hospital, g		;)	d. STREET ADDRES	S				ESIDENCE A FARM?
	n Co. Hosp	pital					10)	1-7	YES [NO 🔀
3. NAME OF DECEASED	First		Middle		Last	4. DAT	E Monti			
(Typa or print)	Gertrude		A.	Ho:	ffman	DEA:	гн 1	30	19	52
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR		
female		WIDOWED [DIVORCED	1 2	/1/1877		84 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retirad)		F BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Co	unty & Stata,	or foreign country)	12. CITIZEN	OF WHAT C	OUNTRY
nousewile		own h	ome		Virgini	a		U.	S.	
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
John Mi					Margaret	Ann J	oynes			-
	ER IN U.S. ARMED FORCE fyes giva war or dates of sarv		AL SECURITY NO.		FORMANT	00	Address	77 1	267	
no			none	-	lliam S.	HOIIM	an, Mid			
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	H WAS CAUSED BY:	Curin	my all	we	charles /	ent B.	was		44	20
420	DUE TO		0						0	
Conditions, if any	1-1									
gave risa to immedi (a), stating the u	DIJE TO									
cause last.	(c)									
PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	VEN IN PART 1(a)	19. WAS A	UTOPSY RMED?
JITA:									paragraph	NO Z
OR CONTRIBUTING	CAUSE OF DEATH	Ob. DESCRIBE	HOW INJURY OF	CCURED.	(Entar nature of injury i	in Part I or Pa	rt II of itam 18.)			
	MEDICAL EXAMINER)									100
20c. TIME OF INJU Hour a.m. p.m.	IRY Month, Day, Year		Not Whila		E OF INJURY (Homa, fa y, street, office bldg., a		City or town)	(County)		(Stata)
	hat (I) (this hospital) attended	the deceased	from 4	1-16	1962	01-30	196.2	that (I) 6	wed last
saw the deceas	ed alive on /	30	196 2, an	d that	death occured at.	.A.M. fr	om the causes	and on the	date stated	d above.
22a. SIGNATURE										. DATE
1 Sels	In will	Ret	7	M.D	ATTENDING PHYS.	DIRECTOR	PHYS.		1-3	SIGNED Z
22c. PHYSICIAN'S NAME (Typa)		41.22	1		22d. ADDRESS					
NAME (Typa)	Dr. Daltor	M. W.	elty		Hage	rstow	n, Md.			
	ON, 236. DATE THEREC	OF 23c.	NAME OF CEM	ETERY O	R CREMATORY	23d. LC	CATION (City, to	wn or county)	(Si	tata)
REMOVAL (Specify)	2/1/19	962 M	t. Oliv	ret	Cemetery	Fre	derick.	Md.		
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				SISTRAR 256. RE	GISTRAR'S SIGNA	ATURE	7 70
Gladhill	Company.	Middl	etown.	Md.	DATE	FFR 2	'62	111.0 8 4		





1 FOR STATE HEALTH DEPT.

TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deley is necessary, please ex. the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fut director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board et Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U1221 MEDICAL EXAMINER'S	CERTIFICAT	E OF DEA	AIH (11206
1. PLACE OF DEATH a. CQUNIY		CE (Where deceased		idence before admission)
Washington MARYLAND	Maryland		Washi	neton
b. CYTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		If outside corporata li	mits, write RURAL and g	
Hagerstown Md. 50yrs.	03 Hagerst	own Mar	vland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS			a. IS RESIDENCE
135 W. Church Street	135 W.	Church	Street	YES NO TO
3. NAME OF First Middle DECEASED	Last	4. DATE OF	Month	Day Year
	opewell		Jan 23	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		(In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	May 8 1899	62	yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
Domestic Private family	Petersvi	lle Md.	USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Louis Hopewell	Sara h B	rooks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordatesofservice)	INFORMANT		AEres Churc	h St.
	nomas Hopew		ville, Oh	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	,			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERAL OF Y	enciocara	sui au	re	LA ST
420,0 DUE TO				1 - Jr
Conditions, if any, which) (b) as few is selface	Vici hear x	- Dide	51 A D	
gave rise to immediata causa		2002		
(a), stating the undarlying cause last.			ALEX VOTO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART 1	a) 19. WAS AUTOPSY
Cinhasi of Liver				PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	Entar natura of injury in Par	t I or Part II of item 15	3.)	1120
PRIMARY Or CONTRIBUTING O				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or tow	n) (County	(Stata)
	tory, streat, offica bldg., atc.	.)		
21. I certify that I took charge of the remains described above, he	eld an Autonsy	Inspection X.	Inquiry , a	and in my opinion
	tide . Homicide		nined manner	and in my opinion
Additional Country of the Country of	CHIEF MEDICAL I		integ mainter	
ACTUAL SILVE O LET OUNTE	A COLOT ANIT MEDI			DATE SIGNED
SIGNATURE (CWG) & MAY THE	Ct. DEPUTY MEDICAL		-	-
EXAMINER'S Edward W. Ditto 111, M. D.		city, town, or county)	Je	m 26,1962
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O			ity, town, or country)	(State)
Burial Jan 26 1962 Rose Hill C	emetery I	Toward	Md.	
23. FUNERAL DIRECTOR ADDRESS	24a. REC	D 8F REGISTRAR 2	TO. REGISTRAR'S SIGN	IATURE
John R Watson M. Naguratown mod.	name 16	N 3 0 '62	Civilian & Ti	
I THE THE WALL THE PROPERTY OF				

ACTION OF THE PROPERTY OF THE Engale Colored teams and the second c. ACM A Secretary of the Chivere to a regular to a covered as a little of the control of the co clocul decide a line of the collection of the co The Control of the Co Conference of the same how the Destruction WAY TO MANOR The Column State State of the S a produced i weather Company i Harriston the state of the s

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MARYLAND	STATE DEPARTMENT	OF HEALTH
2017-100 1 112-01-01		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11 9 17

1. PLACE OF DEATH a. COUNTY		The state of the s		stitution: Residence before admission
Washington	MARYLAND	Maryland	b. COUNT	shington
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		de corporate limits, write l	RURAL end give nearest town)
write RURAL and give neerest town)	7 700150	X Clannan	4	
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	ing	a. IS RESIDENCE
			" -	ON A FARM?
403 Mayfair Ave	Middle	Route	ATE Month	YES NO NO
DECEASED	Middle		F	Day Teer
(Type or print) Gertrude Tr	umpower_	Hill	Jan.	28 19 62
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. Unit or on the	9. AGE (In years I	
Female White wido	WED DIVORCED	ct. 27.1884	77 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUSINESS OR INDUSTR		tete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Orman II - man	02	Wa	U.S.A.
Housewhie	Own Home	Clearsprin	g, Md.	U. D. H.
Nelson Trumpower 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	14 COCIAL SECURITY NO. 1 17	Lucinda	Repp	
(Yes, no, or unknown) (If yes give wer or detes of service)	16. SOCIAL SECURITY NO. 17. I	NFORMA.	Address	
	none M	rs. Robert M	uritz, 403	
18. CAUSE OF DEATH [Enter only one cause p	er line tor (e), (b), end (c).]	_//.		INTERVAL BETWEEN ONSET AND BEALT
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corenacy	Thunkour		inclased
DUE TO		1	•	several
	Comany 1	Welliozeles	where	years
gava rise to immedieta cause				
(a), steting the underlying DUE TO				
ceusa lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	ONIRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	PERFORMED?
Z Z				YES NO
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury In Part I o	or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20			of. (City or town)	(County) (State)
	1110	ory, streat, office bldg., etc.)		
7		10.000 27	1 /100 2	t 10 (3 . W.
21. I certify that (I) (this hospital) att	. / -	/	AM //	
saw the deceased alive on fan	-2.6, 194 -, and that		from the causes a	
22e. SIGNATURE	12 /	ATTENDING MED. D. PHYS. DIRECT	STAFF	22b. DATE
Sanons.	Merody M	.D. PHYS. DIRECT		1/29/62
22c. PHYSICIAN'S	1	22d. ADDRESS		
NAME (Type) Edson B. Me	oods, M. D.	145 S. Pro	spect St.,	Hagerstown
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		I. LOCATION (City, town	or county) (Stata)
REMOVAL (Specify)	Q+ D		asn:	ington Co
Burtal 1/31/62	St. Paul's		r Clearspr	Ing Md
24 FUNERAL DIRECTOR'S SIGNATURE			1 100	
Andrew K. Coffman, F	Lagerstown, Mc	DATE JAN 3	1 62 a	Chur S. Kraus

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Pay 4 may be retained by the hospital or attending physician.	O FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely it in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
VR 15	A	15	(4)	100
				2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11268

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Washington MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and giva naarast lown)	C. CITT ON TO THE (II OUISING COSPOSATO HINTS, WHITE NORTH AND GIVE HOUISING TOWN)
Hagerstown 45 years	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street addrass)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
164 W. Washington St.	164 W. Washington St. YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Typa or print) Zula May Hull	OF DEATH January 12 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
T) 7	b. 28, 1905 Shirthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratired)	7
House Wife Own Home	Luray, Va.
IS. PAINER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Jenkens	Elizabeth Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica) No	mlas C II1.1 II.
OI1C	rles S. Hull Hagerstown, Md.
1B. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND/DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aulmon	ary edema 1 hr
The state of the s	1 1 8
	congestive seart factor wars
gava risa to immadiata cause	confession pearly must yours
(a), stating the undarlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CLICALITY M	PERFORMED? YES ☐ NO [
	. (Entar natura of injury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a, PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. While Not While fact	ory, streat, offica bldg., atc.)
p.m. 19 at work at work	none
21. I certify that (I) (this hospital) attended the deceased from.	Sept. 1 , 1961, to Jan. 12 , 19.62, that (I) (we) last
	death occured at 1 BM from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF SIGNED
1	D. PHYS. DIRECTOR PHYS. 1-13-62
22c. PHYSICIAN'S NAME (Typa) Harold R. Tritch, Jr., MD	302 N. Potomac Street-Hagerstown, Me
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (
REMOVAL (Specify)	Mem. Gardens Hagerstown, Md.
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
Scott F. Minnich & Son Hagerstown	Md. DATEJAN 16'62 Urchun S. Thous

Zula yay mill

Charles & Jensens

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280, 28, 1901

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 4 may be retained by the hospital or attending physician.

Yes TO FUND

TO FUND

S S Should be detached for use as the burial-transit permit. Then please remove carbon papers. See 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	ARYLAND STATE DEPARTMENT OF HEALTH ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
01224	CERTIFICATE OF DEATH	0120
LACE OF DEATH COUNTY WASHINGTON	2. USUAL RESIDENCE (Where decassad lived, If in a. STATE b. COUNTY MARYLAND	Υ

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaasad lived, If institution: Residence before admission)
X	WASHINGTON MARYLAND	MARYLAND WASITINGTON
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town)	X SAN MAR. RURAL
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS 18, IS RESIDENCE
		ON A FARM?
	3. NAME OF CO. HOSPITAL Middle	DOONS BORO MD, R.2 YES NO Day Year
1	DECEASED	Last 4. DATE Month Day Year OF
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	BERTSON OF DEATH JANUARY - 1962. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	FEMALE WIDOWED DIVORCED TO	lest birthday) Months Days Hours Min.
F	10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTR	FCEMBER -6-1906 55 yrs. 0 25 Y IL. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, evan if refired)	
1	HOUSE WIFE OWN HOME	MT. LAKE PARK MI). U'S.A.
1	TOT TATILES STATE	14. MOTHER'S MAIDEN NAME
	CHARLES V. HARVEY	MARY E. LANDON
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no, or unkown) ((Ifyasgiyawarordatasofsarvica)	NFORMANT Address
	A1- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0-	THUR HUMBERTSON BOONSBORD MO. R.Z.
1	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: Ventucular	Toelicantin Por un my to
1	20	
	Conditions, if any, which (b) JuTa uneral	Bemorlinge -
1	Conditions, if any, which gave rise to immediate cause	secure volvey!
		Seuro viliay:
	(c)	£
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
- [El Chronie George, a	es the way
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CLOCK E CONCL. 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Part II of itam 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	ZOc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State)
	Hour e.m. WhilaNot Whila factor	pry, streat, office bldg., etc.)
1		
	21. I certify that (I) (this hospital) attended the deceased from	April , 1960, to June 1, 1951, that (1) (we) last
	saw the deceased alive on	death occured at S
1	22a. SIGNATURE	22b. DATE
	VITCE Signi	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Joseph Sccoudar	SOONS BORO 17d
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or county) (State)
	MOVAL (Specify)	
1	QUEMATION JANUARY - S. 1962 CEDAR HILL C	ZEMATORY 4000 SUITAND KOLSUITAND MOL
1	Jalen CI. Past BooksBoro MD.	DATE JAN 8 162 Orthur S. France

TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE Admir T - Phathad TT - Mostrago Mitt vallation = MAC TEMPLE WHITE THE PROPERTY OF SELECTION SEE TO SEE Howe with them Home Williams Pack CHARLES V. HARVEY E. LAMPON STUZZ 9553 ARTHUR HOMBERTSON FORMSBOOM WILLIAM

REPORTED A STATE STATE SERVERING CONTROL OF SOME WANTED FOR SOME AND THAN AND THE PARTY OF THE PROPERTY OF THE PARTY OF TH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Payle 4 may be retained by the hospital or attending physician. JUNEI DIRECTOR: After this certificate has been signed by the attending physician and completely in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The barrial of the first be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. death. Pay 4 may be retained by the hospital or attending physician. YO FUNE! PAY A DIRECTOR: After this certificate has been signed by the attending physician and completely in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The place is an an experimental pand 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. The place is an an experimental pand 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.	after		neral	pina	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hos death. Pay 4 may be retained by the hospital or attending physician. TO FUNE! TO FUNE! Description and completely for the property of the property of the place of the pl	urs		e fu	2 sh	(
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Pay 4 may be retained by the hospital or attending physician. YO FUNE DESCROOR: After this certificate has been signed by the attending physician and completely for in by director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Set 1 be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 24 hours after d	ho		y th	pu	leath
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Pay 4 may be retained by the hospital or attending physician. TO FUNE! TO FUNE! To FUNE and the proper of the pure that the principle of the pure the period of the attending physician and completely to the principle of the pure that the pure that the pure that the pure	24		in b	a	er d
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Pay 4 may be retained by the hospital or attending physician. TO FUNE! TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the builal-transit permit. Then please remove carbon papers. Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, without 20 hours.	thin	7.	10	9	s af
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Pay 4 may be retained by the hospital or attending physician. YOUNE! DIRECTOR: After this certificate has been signed by the attending physician and complete or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of feath prior to burial, cremation, or removal, and in any event, within 22.	3		ly.	S	hour
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected and the second of the s	utec		olete	aper	7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be death. Pay 4 may be retained by the hospital or attending physician. TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	өхө		тошо	۵	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death. Payl 4 may be retained by the hospital or attending physician. TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove or be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	pe		pu	arbo	wi
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific death. Pay 4 may be retained by the hospital or attending physician. YO FUNE! TO FUNE! TO FINE A the third this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please removes be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expension.	ate		e ue	9	'ent,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cerea death. Pays 4 may be retained by the hospital or attending physician. **C FUNEI DIRECTOR: After this certificate has been signed by the attending physician by the pays of a standing physician by the pays of	tific		sicia	OE	× 6
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death death. Pay 4 may be retained by the hospital or attending physician. YO FUNE! DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, and the prior to burial, cremation, and the prior to burial, cremation, and the prior to burial, cremation, or removal, and inserting the prior to burial, cremation, or removal, and inserting the prior to burial, cremation to the prior to the prior to the prior to the prior to burial, cremation, and the prior to the prior to the prior the prior to the prior to the prior to the prior to the prior the prior to the prior to the prior the prior the prior to the prior the	9		phy	e re	an I
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TO HOSPITAL OR AT death. Pay 4 may be TO FUNE! Girector, page 3 should be filed with the State U	121	refai	OR	be)ept
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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECO** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give regrest to ON A FARM? YES NO DECEASED (Type or print) 1962 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min. WIDOWED | DIVORCED 10e. USUAL OCCUPATION (Give kind of work OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN (If yes give we ror dates of service 18. CAUSE OF DEATH [Enter only one ceuse per-line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geva risa to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work p.m. 19.2 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b DATE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) (State) 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE JAN 1 5 '62 arthur & Kraus DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01228

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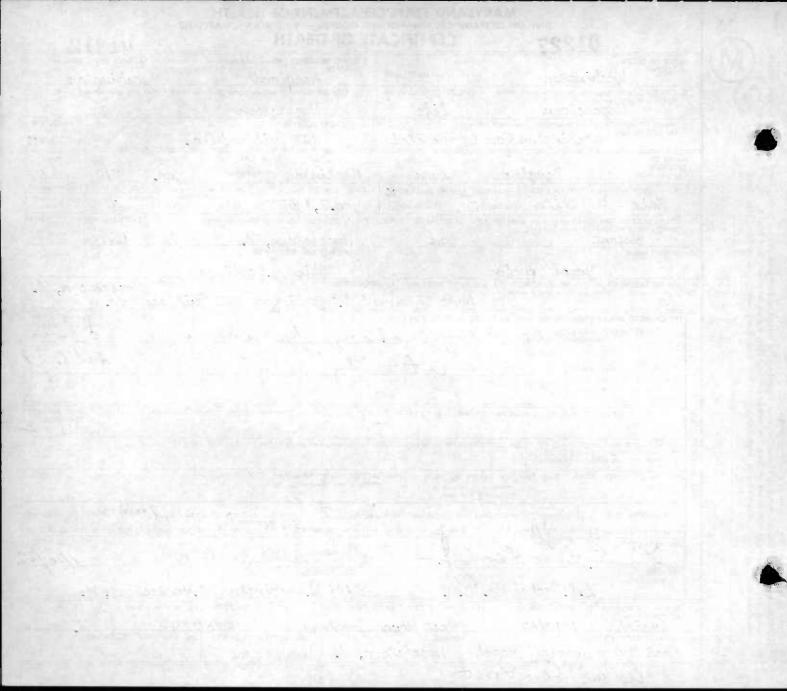
1. PLACE OF DEATH				2		DENCE (W	here deceased	lived. If instit		ce befare	admissia	n)
a. COUNTY	Washingt	on	MARY	LAND	a. STATE	aryla	nd	b. COUN	Fre	ederi	ck '	
b. CITY OR TOWN	If autside carporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)							
	stown		2 weeks		Emmi	tsbur	g		16	X · a		
d. NAME OF HOSPI	TAL (If nat in haspital,	give street	address)		d. STREET	ADDRESS				e.	IS RESID	ENCE
OR INSTITUTION	34 Howell R	d.			Box	307					ON A F	
3. NAME OF	Fi	rst	Middle		Lo	st	4. DATE	N	lanth	Day	Ye	or
(Type ar print)	Buel	ah	Mae	I	Ceilhol	tz	OF DEATH		1-24-	62	19)
S. SEX			RIED NEVER MARRIE		DATE OF BIRT			9. AGE (In year last birthday	IF UNDER	1 YEAR II	FUNDER	24 HRS.
female	white	WIDOW			#29 1-	27_18	98		ns. 11	Doxy	Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF							IZEN OF V	VHATCO	UNTRY?
during mast af war	king life, even if retired	1)										
House W	ile		own home		14. MOTHER'S		rick Co	unty		U. S	. A.	
William H.		aran l				h E.	Fisher					
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give war or dates of	service)	SOCIAL SECURITY NO.	17. INFO					ddress			
no		2	14-34-9397	Jo	ohn W.	G. Ke:	ilholtz	, 1734	Howell	Rd.	Hage.	rst.
18. CAUSE OF DE	ATH [Enter anly ane co	ause per li	n far (a), (b), and (c).]		0	Ur.	,	3.40	POTOT		VAL BETY	
PART I. DE	ATH WAS CAUSED BY:	1 (excuen	ea j	C	low				1	30	12
1 1 5	DUE TO			0							0	
Conditions, if	any, which											
gave rise ta	immediate ()					1101		77.76			
lying cause last	the under-	-)										
	- ' '	IDITIONS	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	O THE TERM	AINAL DISEASE	CONDITION	GIVEN IN PAR	RT 1(a) 19.	WAS AL	JTOPSY
PATION	10	1.1.	- Thelles	he 1							PERFOR!	MED?
20g. ACCIDENT W	AS UNDERLYING	20b. DES	CRISE HOW INJURY OF	CCURRED	Enter nature	of injury in	Part Lar Part	II of item 18.)			1123 🔲	NO
PART II. OT	CAUSE OF DEATH	100. 003	CHOL HOW INSONT ON	CCORRED.	ciner nature (ar mjory m	Turr turr turr	11 01 110111 1017				
3 20c. TIME OF INJU	RY Manth, Day, Ye	ar 20d. I	NJURY OCCURRED	20e. PLACE	OF INJURY	(Hame, fari	m, 20f. (City	ar tawn)	1	Caunty)		(State)
20c. TIME OF INJU Haur a. m.	19	While	Nat while	factor	y, street, affic	ce bldg., et	c.)			,,		, ,
₹ p. m.		at war	rk at wark		1/2 -		,	1/2	, ,	_		
21. I certify the	at (I) (this haspita	I) attend	ded the deceased		1123	as de	167.1a_	1/24		2 Tho		
saw the deced	sed alive on	1/2	4_1962 and	that dec	th accurre	d at 5	M, from	the causes	and an th	e date :	stated o	abave.
22a. SIGNATURE		1			ATTENDIN	JG N	MED.	STAFF			22b.	DATE
Tal	Marris	on n	u S	M.0	PHYS.	D	RECTOR -	PHYS.			1-24-	-62
22c. PHYSICIAN'S NAME (Type)					22d. ADDR	RESS						
Pau	l Harrison,	M. D).		318 N	. Pot	omac St	Hage	rstown	, Md.		
23a. BURIAL, CREMATIO		OF	23c. NAME OF CEME	TERY OR C	REMATORY		23d. LOCAT	ION (City, taw	n, ar caunty)		(State)	
REMOVAL (Specify	Jan. 27.19	962	Creagerst	town (emeter	~~	Creas	erstow	Frede	eri ek	Con	Md-
24. FUNERAL DIRECTO			ADDRESS			-	D BY REGIST		GISTRAR'S AI	7 45	us)	
1 6	9///	m.	Emmitsbur	e. Mo	1.	DATE	JAM Z 3	02				
C. E. Wi	Ison	and,	/	37								

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARY

		01227	ION OF 3	CERTIF	ICATE	OF DEATH	MORE I, M.	AKILAND	()	19	19
1.		shington f outside carporate limi	ts write	MARY	CLAND	a. STATE Maryla c. CITY OR TOWN (IF o	ind	b. COUNTY	Wast	ing	ton
	RURAL ond give ne	gerstown		Life		53 Hagers		ie iliniis, wijie k	OKAL ONG (
	OR INSTITUTION	AL (If not in hospital, of Washingto			ial 1	d. STREET ADDRESS 442 GM	ilford	Ave.		•	ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Dong		Middle Lynn		Keplinger	4. DATE OF DEATH	Mon Jar	20	10	19 62
	sex Male	6. COLOR OR RACE White	WIDOWED	DIVORCE	D 🔲	Jan. 7, 1962	0	. AGE (In years last birthdoy) yrs.	Months	Days	Hours Min.
	during most af work	ing life, even if retired	dane 10b. K	Noie		Hagerstown	Md	ntry)	12.CITI	SA	WHAT COUNTRY?
13.	FATHER'S NAME	James Fai	nalor			14. MOTHER'S MAIDEN N	Kanli	1504			
15. (Ye		R IN U. S. ARMED FOR (If yes, give war or dates of s		None	Paul	RMANT	er 44:	Add	rd Av	ersi e.	town, Md.
		mmediate (P	Legral, (b), and (c)	to	in for	rlu	u		A	RYAL BETWEEN EI AND DEATH CLUB CONTROL C
CERTIFICATION	20a. ACCIDENT WA				100	OT RELATED TO THE TERMI		14413	'EN IN PAR	1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO
MEDICAL C	20c. TIME OF INJUR Haur a. m. p. m.		ar 20d. IN. While of work	JURY OCCURRED Nat while of wark	20e. PLACE factor	E OF INJURY (Home, form y, street, office bldg., etc	20f. (City o	or tawn)	(0	County)	(State)
		th (1) (this haspita sed alive and not				ath occurred of 500 Minus of Phys. Di	M, fram to		d an the	date	at (1) (we) last stated abave. 22b. DATE SIGNED
23	REMOVAL (Specify) Burial FUNERAL DIRECTOR	1/10/6	2	23c. NAME OF CEM Rest A	la ve n (Pemetery 250. REC'	23d. LOCATION AND BY REGISTR	ON (City, town, constant County) AR 25b. REGI	or county)	A	(State)
_	W	lee. G.	Ho	of 20	rstown	151212	1 2 '62	Circh	n 8. 10	au A	



An any be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and complete the din by the funeral DIRECTOR: After this certificate has been signed by the attending physician and complete the discount of a should be detached for use as the burial-transit permit. Then please remove carbon paper to get a far of a should be detached for use as the burial, remaition, or removal, and in any event, within 72 hours after detached the state Dept. of Health prior to burial, remaining, or removal, and in any event, within 72 hours after detached. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL death. From TO FUN. II director, page 3 be filed with the VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before admission)
Washington MARYLAND	* STATE Maryland Frede	rick /
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)		give neerest town)
Hagerstown 7 days	Rural - Smithsburg	10x.2.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington Co. Hospital	Route # 1	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Year
(Type or print) Arthur Franklin	Kline OF January 2	9. 1962
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	February 26,1909 52 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS		ZEN OF WHAT COUNTRY?
farmer own gen. farm	Frederick Co. Md. U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles M. Kline	Rosa Schildknecht	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive war or dates of service) no 214-32-4614	Mrs. Rae Kline, Smithsburg, M	d. Rt. #1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	///	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Shock	ONSET AND DEATH
S 8 1 1 DUE TO 10	10	
Conditions, if any, which to Blook a So	Maria Maria	1 WK
geve rise to immediate cause		,
(e), stating the underlying cause lest.	Liver	4 445.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Chronic Alauholism.		YES NO
	RED. (Enter neture of injury in Perf I or Pert II of item 18.)	
0	PLACE OF INJURY (Home, farm, 20f. (City or town) (Couractory, street, office bldg., atc.)	nty) (Stata)
Hour a.m. p.m. 19 While Not While at work et work		Date Table 2
21. I certify that (1) (this hospital) attended the deceased from	n 8-1, 1954 to 1-29, 19.5	(c.) that (I) (we) last
saw the deceased alive on 1-28 19.6.7, and the	nat death occured at 224M, from the causes and on the	he date stated above
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE
Charles G. Hess	M.D. PHYS. DIRECTOR PHYS.	1-29-62
22c. PHYSICIAN'S NAME (Type) Chanles E Hogg	22d. ADDRESS	Md.
Unartes F. ness	Smithsburg	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
Burial Jan. 31, 1962 St. Mark's		. Co. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	2Se. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
Paul F. Bittle, Myersvill	e, Md. DATE TEB 1 62 Outling &	Winds

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farmer own gen. Lare Frederick oo, 181.

Mode Solt laimedit

214-32-4614 Mrs. Reb Eline, Smithaburg, Md. To. Mi

Burist Jan. 51, 1962 St. Hark's Turkeren Welferille, 1988. So. JE

MARYLAND STATE DEPARTMENT OF HEALTH

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01230

CERTIFICATE OF DEATH

Reg. Dist. No. 11215

1. PLACE OF DEATH O. COUNTY Washing for MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY Was hims for
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The gens town 2 wks	c. CITY OR TOWN (4) outside corporate limits, write RURAL and give negree frown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington	d. STREET ADDRESS e. S RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	KOSAS AS Month Day Year DEATH Jahvety 18 1962
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 WIDOWED DIVORCED 1	8. DATE OF BIRTH 9. AGE (In years lost birthday) Propost 21. 1885 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Min. Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY M. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Koons	Savak Creage
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Mr. Hen Kome Chamberfung 19
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Rung Donie ONSH AND DEATH. Derew ONSH AND DEATH. Derew ON THE STATE OF THE STATE
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter noture of injury in Port I or Port If of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased fram	ADDRESS (Street, city or town, state) M.D. M.D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL Specify) 1-21-1962 Broad fet of 18	
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS FRENCHER ADDRESS	DATE 26. REC'D BY REGISTRAR 2 246. REGISTRAR'S SIGNATURED

All the same of		CERTIFICATE	05010
	Table 1		
			News And A Alexander
date to the first of the first of the			
			A No. of Street, Stree
			CAN STANCE OF SALES
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MARYLAND STATE D	EPARTMENT OF HEA	LTH-BALTIMORE, 18
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		01231	I	tem CERTII	FICA	TE OF DEATH	1/21/62-	mm b R	Reg. Dist. N	0.11	216
1.	PLACE OF DEATH o. COUNTY Washing	ton		MARY	AND	2. USUAL RESIDENCE (WE o. STATE Marylan	nere deceased lived	. If institution: b. COUNTY M			sion)
	B. CITY OR TOWN (RURAL and give in Hagers	If autside carporate limi parest town) DOWN	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF a	outside carporate li	mits, write RUR Md. F	AL and give r R#2	iearest taw	n)
	or institution Washingt	on County I	dospi	oddress) tal		d. STREET ADDRESS				ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fi	nerin	Middle		L APA	4. DATE OF DEATH	Month Jan. 13		Day	Year
5. 9	F F	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	_ ;	June13,1904	9. AG	1 1 1 1	Aonths Days		ER 24 HRS. Min.
10a	. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUST	11. BIRTHPLACE (Stote ? ur	or foreign country) 1 km OWN			of what	T COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		FORMANT dical Record		Address	s		2.2
	The second secon	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO my, which mmediate lhe under-		ne for (a), (b), and (c).]	~	Coure			0	NTERVAL B	ETWEEN DEATH
CERTIFICATION						NOT RELATED TO THE TERMI			I IN PART 1(o)	PERFO	AUTOPSY ORMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200, DES			. (Enter nature of injury in I					
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	While of wor	Not while	20e. PLA	CE OF INJURY (Home, form ory, street, affice bldg., etc	.)	W Lead of	(Count		(State)
	21. I certify the alive analysis actual signature PHYSICIAN'S NAME (Type)	L. L. Pack	deceas 19 Per	Stand that		accurred at 5:25P	ADDRESS (Street, c	ity or town, sta	d an the d	ate stat	ed abave.
220	REMOVAL Specify	N. 226. DATE THERE		22c. NAME OF CEME	TERY OR	e School	22d. LOCATION I	rmora	, The	L (Sto	te)
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24o. REC'	D BY REGISTRAR N 1 9 '62	24b. REGISTR	AR'S SIGNAT		

THE OF DEATH		
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	Donata e Barcos (1977)	
	AND THE RESERVE OF THE PARTY OF	
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		arrest.
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MARYLAND STATE DEPARTMENT OF HEALTH

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attending physician. burial-transit has been the buby certificate etached for this After may be retain.

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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01233 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTYA MARYLAND mary (If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, write RURAL end eive nearest town) tagerstown IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) ON A FARM? YES NO P DATE DECEASED DEATH (Type or print) anivary, AGE (In yeers | IF UNDER LAR IF UNDER 24 HRS. 5. SEX lest birthdey) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? physician 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Housewar please attending 15. WAS DECEASED EVER IN U.S. AMED FORCES? (Yes, no, or unkown) | (If yes give we redetes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO general arterioscierosis gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NO X (i) Clocke ansurysm) (2) cerebral arkpieselerosis (3) Pulmon ary emphysis 2Da. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, ferm,) (Steta) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work | et work 21. I certify that (I) (this hospital) attended the deceased from Dec. 6., 1961, to 102124101.42, 19602, that (I) (we) last saw the deceased alive on sauce of and the death occurred at the from the causes and on the date stated above. 22e. SIGNATURE ATTENDING PHYS. Western md. State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. REMOVAL (Specify) 25a. REC'D BY REGISTRAR/ 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN

Ender distribute turnant to a feeling 2 2 2 The state of the s price with the second to the second Continues of the second LENERAL DIRECTOR CATE TO SEE THE SEE SEED OF THE SEED annexade cienter attraction To Clocke and week and the deal for a surface and the surface and the surface and week and the all the state of manage of the state of the Harris a stance, med ingestion in the the till the term to well a the term that a All the software will be the secure of the second s

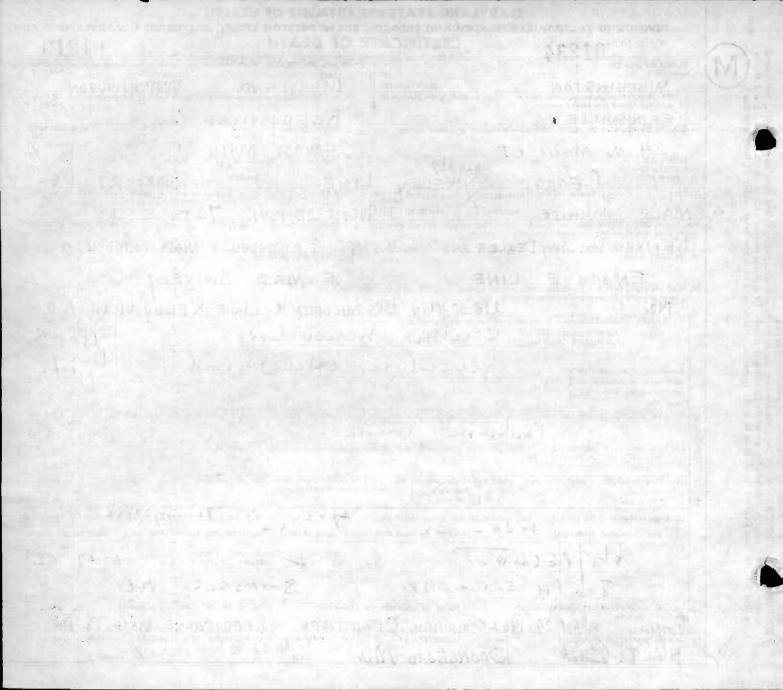
CERTIFICATE OF DEATH TRITIEL RESIDENCE (Where deceased lived, If Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY the d b. CITY OR TOWN (if outside corporate limits, MARYLAND OR TOWN (If outside corporate limits, write RURAL and give negrest town) and c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) 24 <u>_</u> TEEDUS VILLE

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO X completely papers. 3. NAME OF DATE Year DECEASED (Type or print) DEATH 1962 within carbon 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 TEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Hours WIDOWED DIVORCED гетоме 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) P. KEEDISVILLE WASH COMD. USA please 13. FATHER'S NAME attending NE E MAE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or detes of service) KEEDVSVILLE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hours IMMEDIATE CAUSE (a) as the burial-transit DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Kyuron NO T 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While WED Hour a.m. et work at work p.m. DIRECTOR: 2719 6 2 that (1) (we) last 21. certify that (1) (this hospital) attended the deceased from...... 1-26 - 1962 and that death occurred at 8.19M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR T PHYS. 22c. PHYSICIAN'S 22d. ADDRESS SECONDARI NAME (Type) ROONSKORO death. P. director, pe filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 TAIRVIEW 158. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ADDRESS VR ATS (4) 15M 7/61 arthur S. Thousa OONSBORD DATE

RYLAND STATE DEPARTMENT OF HEALTH

STON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par 4 may be retained by the hospital or attending physician.

TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial-transit permit. Then please remove carbon papers. The property of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND :	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution:	
Washington MARYLAND	Md. W	ash.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d giva neerest town)
Hagerstown 11 years	03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. 15 RESIDENCE
24 McKee Ave.	24 McKee Ave.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Lucy Abigail	Marsh DEATH Januar	y 29, 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
female white widowed Divorced	Aug. 22, 1895 66 yrs. Monins	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
housewife	Clark Co., Virginia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Tanquary	Ada Hoffman	
	INFORMANT Address	
(Yas, no, or unkown) (Iffyes give wer or detes of service) none Ha	rry C. Marsh, Hagerstown,	Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Coronar	y Thrombosis	24 hours
Conditions, if any, which the Arteriosclero	otic Heart Disease	Years.
geve rise to immediate cause		
(e), steting the underlying DUE TO		
ceuse last. (c)		T 14 14 10 14/45 ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARI	PERFORMED?
None.	A STATE OF THE PARTY OF THE PAR	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NOTE . None . 200. ACCIDENT WAS UNDERLYING	D. (Enter netura of injury in Pert I or Part II of item 18.)	
	COS OF BUILDING (1)	inty) (Stete)
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (Country, street, office bldg., etc.)	luth) (21e1e)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) anended the deceased from.	Jan. 28, 19 62 to Jan. 29, 19	62 that (I) (we) la
saw the deceased alive on Jan. 2010 62, and that		
22a. SIGNATURE		22b. DATE
Mary Sell N	ALD. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIAM	.30,1962 IGNE
22c. PHYSICIAN'S NAME (TXP) DA DO 3 3 THE D	22d. ADDRESS	
R.A.Bell, M.D.	Hagerstown, Maryland.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or count	y) (State)
burial Feb. 1 1962 Mt. Hebro	n Winchester, Va	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Scott F. Minnich & Son Hagerston	wn, Md. DATE FEB 1 62 arthur	1 House

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25 Wellow Ave.

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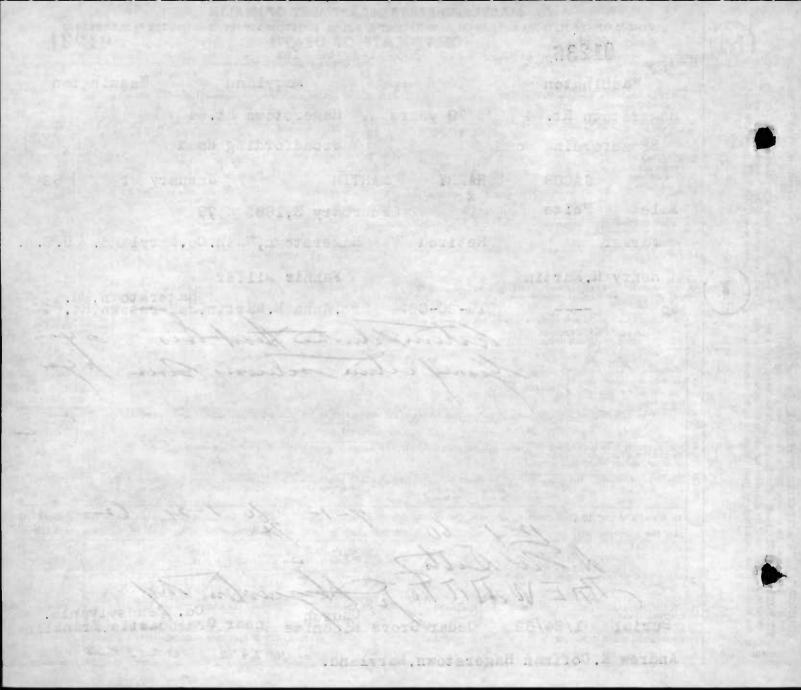
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. el . 1 1 2002 lt. Helden I . Helden I . Jak

Scotter. Minisch Scon Hagorstown, Mr. Car 1 Mr.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{7}{2} \text{ death. Page 4 may be retained by the hospital or attending physician.} \frac{7}{2} \text{ death. Page 4 may be retained by the hospital or attending physician and completely \$\frac{7}{2} \text{ TO FUNE!} \text{ DIRECTOR: After this certificate has been signed by the attending physician and completely \$\frac{7}{2} \text{ director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. So I and 2 should \$\frac{1}{2} \text{ be filed with the State Dept. of Health prior to burial, cremation, or remover; and in any event, within 72 hours after death.

MARYLAND STATE DE	EPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS	s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
Washington MARYLAND	o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town) Hagerstown Rt.#4 79 years	X Hagerstown Rt.#4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
Broadfording Road	Broadfording Road ON A FARM? YES NO □
NAME OF First Middle	Last 4. DATE Month Day Yeer OF
(Type or print) JACOB HARRY MA	ARTIN DEATH January 21 1962
Manager Manage	8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
Male White Widowed DIVORCED Fe	ebruary 3,1883 78/79 yrs. RY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
farmer Retired	Hagerstown, Wash. Co. Maryland. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry H. Martin	Fannis Miller
	INFORMANT _Address
No 219-20-0644	Mrs. Anna M. Martin, Hagerstown, Md. #4
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e)	hustre Heart his syes
DUE TO	- 1 kun
Conditions, if eny, which gever rise to immediate cause	un selvous Gren /
(e), steting the underlying DUE TO	
19	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	
	death occured at
22e. SIGNATURE	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) / F M / T / T	22d. ADDRESS Mel
30. BURIAL, EREMATION, 23b. DATE THEREOF 23c. NAME OF CENTERY Burial 1/24/62 Cedar Grove	Church Fennsylvania.
Burial 1/24/62 Cedar Grove	
Andrew K. Coffman Hagerstown, Mar	1 2 2 2 4 4



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01229

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased lived, If institution: Ra	sidence before admission)
a. COUNTY	25 WOLLS WALK	"Maryland	Washing ton	
Washington b. CITY OR TOWN (if outside corporate limits, c.	MARYLAND LENGTH OF STAY IN 16		outside corporete limits, write RURAL and	give nearest town)
write RURAL end give nearest town)		0 00 1		
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	1 Week	d. STREET ADDRESS	COMIT	a. IS RESIDENCE
			and and an Amon	ON A FARM?
Washington County Hospi	tal		ginia Ave	YES NO XX
3. NAME OF First DECEASED	Middle	Last	OF	Day Yeer
(Type or print) JA60B MARTIN	MIDDLE	KAUFF	DEATH Jany 2 1962	
5. SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male White WIDOWED		Oct 6 1874	87 yrs. Months	ays nours will.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLATE (County	Colate Midoreign country) 12. CITIZ	EN OF WHAT COUNTRY?
done during most of working life, even if retired) Mill wright F	Retired	Spielmans	Station	USA
13. FATHER'S NAME	.0 02200	14. MOTHER'S MAIDEN N		
		Lanna	Eakle	
Aaron C. Middlekauff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.		Address	
(Yes, no, or unkown) (If yes give wer or dates of service)				26.2
		rgaret C. M		Md.
1B. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	909 Virgini	a Ave Hagerston	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	caldia	Infal	ction	5049
DUE TO		7		1
Conditions, if any, which (b)	arous	am O	er ulsion	
geve rise to immediate ceusa	1.1			
(a), stating the underlying causa last.	Ettanos	a lata 'a		
10/	IBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTR. O				YES NO
5	non	. (Enter nature of injury in Pe	out Los Port II of itom IR)	112 110
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRI COR CONTRIBUTING ☐ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURE	. (Enter nature of injury in re	en lor Pan II of Hem 10.)	
		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)		ty) (Stete)
Hour a.m. While at work	7,401			
21. I certify the (i) this hospital) attended	d the deceased from	Aug 1	1968. Jan 2, 196	, tha (I) we) last
			M, from the causes and on th	
saw the deceased alive on G	17alid ilia	death becured at you	THE CAUSES AND ON IT	22b. DATE
223 SIGNA OUR	both	DILLING DI	ED. STAFF	SIGNED
11001 Just	as 1	A.D. PHYS. DI	RECTOR PHYS.	1-4-61
22c. Priysician's NAME (Type)	11:+	20101	Para = 101	Na-
MI MIE!	70171	000	oruse W	msp , 114
23a. BURIAL, CREMATION, 23b. DATE THEREOF	Sc. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	
Burial 1/5/62 E	Bakersville	Cemetery	Bakersville Was	sh Co Md
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
Andrew K. Coffman Hage	erstown Md.	DATEN S	162 Outling & Ho	u.A

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MARYLAND STATE DEPARTMENT OF HEALTH

the state of the s		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
01238	CERTIFICATE OF DEATH	01223

1.	PLACE OF DEATH •. COUNTY		NCE (Where deceased lived, If institution:			
	Washington MARYLAND	e. STATE	and Washington			
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b		(If outside corporate limits, write RURAL er	nd give neerest town)		
	write RURAL end give nearest town) Hagerstown 5 Yrs	X Hage	rstown			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRES		e. IS RESIDENCE		
	Delwood Ave	Delwoo	d Ave	YES KNO		
3.	NAME OF First Middle	Lest	4. DATE Month	Dey Yeer		
	(Type or print) WADV FMIFT	MITT TO SE	OF DEATH TOWN 4 30	62 19		
5	MAUI TIUDI	MILEY DATE OF BIRTH	9. AGE (In yeers IF UNDER			
			lest birthdey) Months	Deys Hours Min.		
10	Fenale White WIDOWED DIVORCED	Sept 8 18		TIZEN OF WHAT COUNTRY?		
d	one during most of working life, even if retired)		1 C/ e	The Country of the Co		
	Housewife Own Home		urg Fulton Co	USA		
1	S. FAIRER'S NAME	14. MOTHER'S MAIDE	N NAME			
1	Newton Knable	Ba	rbara Mellott			
	es, no, or unkown) [[fyes give war or dates of service]]	INFORMANT	Address			
	No None Be	enj C. Mil	ey Delwood Ave			
	18. CAUSE OF DEATH (Enter only ona cause per line for (e), (b), and (c).]	Hagers	town Md.	ONSET AND DEATH		
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) IN STATIC CARCINOMA					
	DUE TO					
	Conditions, if any, which) (b) Carcelloma	STE FO	AST	2+ 4RS.		
	geve rise to Immediate cause					
	(a), stelling the underlying ceuse lest.					
Z		T RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PAR	RT 1(e) 19. WAS AUTOPSY		
CERTIFICATION	HYPERTENSIVE CARRIOUVAS	7 0 4 44.0	50 450 10	PERFORMED?		
JH.	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED					
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fe	erm, 20f. (City or town) (Co	unty) (State)		
MEDICAL	Hour a.m. While Not While fac	tory, street, office bldg.,				
2		2 \	10/10/2	. (2)		
	21. I certify that (I) this hospital) attended the deceased from.			-		
	saw the deceased alive on 2 Jan. 1962, and that	death occured at.	M, from the causes and on			
	22e. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE SIGNED		
		N.D. PHYS.	DIRECTOR PHYS.	2961. HAL C		
	22c. PHYSICIAN'S NAME (Type) Wm. Noel Fender, M. D.	22d. ADDRESS 218	N. Potomac St., Hage	erstown, Md		
2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or coun	ity) (Stata)		
	Burial 1/8/62 Rose Hill	Cemetery	Hagerstown Wa	ash Co Md.		
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		REC'D BY REGISTRAR 256. REGISTRAR'S			
	Andrew K. Coffman Hagerstown Md.	DAJEA	N 9 '62 aritug &:	Kraus		
_	THE THE PARTY IN THE SET PROWN INC.	DV/MG3				

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
777	M	01230 CERTIFICATE OF DEATH	01224
houle	TAI	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY i	esidenca befora admission
the id 2 sath.		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURA end	give nearest town)
in by s 1 ar	91	Hagerstrum 1-mo Clerton Ind	16 X.2
Med urs af	, ,	d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
lete pe. 72 ho		3. NAME OF First Middle Last 4. DATE Month OF	Day Yeer
comp in pa		(Type or print) Emma Jane MOORE DEATH January	
and carbo			Hays Hours Min.
ove			ZEN OF WHAT COUNTRY
e rem	1	13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME	n S &
ding pleas	1	John To Hesteline Surra a Jerle	w
Then Val, a	1	15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	neas
y the mit. remo		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
it per n, or		PART I. DEATH WAS CAUSED BY: LOBULAR PREUMONIA	4 days
n sign trans		Conditions, if any, which \ (b) Seneral arterioscierosis	unknown
s bee ourial. I, cre		geve rise to immediate cause (e), stating the underlying DUE TO	
the the burria	1	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	 (a) 19. WAS AUTOPSY
se as	d	S (i) Inactive Pheumatic Heart (2) Bilateral hydrone phrosis	PERFORMED?
for u for u		S In Inactive Rheumatic Heart (2) Bilateral hydronephrosis 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF THE THER. NOTIFY MEDICAL EXAMINER!	
oched Heal		3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town)	ty) (Stete)
R. A detro		p.m. 19 et work at work	
Id by		21. I certify that (I) (this hospital) attended the deceased from December 4, 1961, to famuary 4, 1960, saw the deceased alive on famuary 4, 1962, and that death occurred at 2, 1961, from the causes and on the	that (1) (we) last
Short Star		22e. SIGNATURE	22b. DATE SIGNE
age ith th	1	22c. PHYSICIAN'S 22d. ADDRESS 7, 105 Pern, 2nd . Statt He	uary 4 /1962
o y po	1	VICTOR L. Kamos, m.D. Hagerstown, mary 14	ind
direct be fil		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify)	asylanc
A1S (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
SM 7/61 0		Semment Butleys 1661-gg Hope 198 JAN 8 62 arthur 8.	

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VR A1S (4) 1SM 9/59

01225

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01240

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Washington MARTLAND	Maryland Washington
b. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)
Hagers town Years	103 Ha gers town
d. NAME OF HOSPITAL If not in-hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Hamitton Hotel, West Wash St	Thest Washington St YES NOTE
3. NAME OF First Middle	Last 4. DAT Month Day Year
(Type or print) Bothard Ahdren	Martis DEATH Tankey 31, 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DAJE OF BIRTH 9. AGE (In years MINDER 1 YEAR IF UNDER 24 HRS.
make White WIDOWED DIVORCED	Nevember 27, 1873 last birthdoy Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	USTRY 11. 8IRTHPLACE (State or fareign caunity) 12. CITIZEN OF WHAT COUNTRY?
Carpenter Cobnet Majo	er Washmoton D.C. Usite
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Morris	r Unable to Obtain
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give for oddles of service)	INFORMANT / O Address A
No More 5	M. H.R. Chumenan Hogesbon, Well
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlu	
DUE TO	5.10(1)
	ic heart disease Indefinite
gove rise to immediate DUETO	TO DEAL OISEASE
couse (a), stating the <u>under-</u> DUE TO	
, (0)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Denniciona exemia	PERFORMED? YES \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Pernicious anemia 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR!	RED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (Stote) (actory, street, affice bldg., etc.)
Haur o. m. p. m. 19 While Nat while at wark at wark	and the stage of t
21. I certify that (I) (this haspital) attended the deceased fram	May 9 19 56 to Jan. 31 19 62 that (1) (we) last
saw the deceased alive an Jan. 23 1962, and that	death accurred at A.M., fram the causes and an the date stated above.
220. SIGNATURE	22b. DATE
15 Silverice.	M.D. PHYS. MED. STAFF PHYS. ATTENDING MED. STAFF PHYS. 2/2/62 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS 148 West Washington Street
NAME (Type) B. B. Kneisley, J.D.	Hagerstown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 2-3-1962 Mt. plive	t Constery Washington D.C.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Attack M. Ifmmeron, Shewison	Della DATE FEB 5 '62 Orthur & Know
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0.1240 etholic on the same was a substitute of Account the Market of the Control of A THORETON THE The state of the water that the same of the state of Survey Holen Holmes Walnut and Thomas make wife & Howber 27 1813 88 Commended Colored Miller Indian Description D. C. Laster The state of the s 4,500 RIA WITH THE ARREST See the state of the Country will and the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral C 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (if outside corporate limits, MARY LAND WASHINGTON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) es l HACIETS TOWN

J. SY EARS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J HAGEKSTOVVN P e. IS RESIDENCE ON A FARM? completely on papers ithin 72 hours 820 NAME OF YES NO X GUILFORD Year Middle DECEASED (Type or print) 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DEATH and comp carbon pi nt, within 19 62 9. AGE (In years IV UNDER I YEAR VIOSER DATE OF BIRTH **FUNDER 24 HRS.** 5. SEX last birthdey) Months Hours 100. USUAL OCCUPATION (Give kind of work WIDOWED DIVORCED ANUARY. yrs. physician 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME NEAR SHARPSBURG- WASH. CO. M.D. 45A WILE attending phy Then please r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ESTELLA (-IFT 16. SOCIAL SECURITY NO. 1 17. 820 CUILFORD AVE HOSDINI removal, (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), signed by the HAGERSTOWN MI INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ulaca + IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying the certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CATION PERFORMED? for use prior NO Z CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this Health 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While WED Hour e.m. et work at work p.m the deceased from 29 1916, to 1771-30, 19.6 (that (I) (we) last 19.6 and that death occurred at AM, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 29 plnods 30 saw the deceased alive on-DATE 22e. SIGNATURE SINED MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. Pa director, filed 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) JURIAL ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) FEB 2 15M 7/61 ONSBORD

RYLAND STATE DEPARTMENT OF HEALTH

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ADDRES

IS RESIDENCE

ON A FARM?

YES NO 19

Year

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Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

how

PERFORMED?

YES NO

22b. DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

25b. REGISTRAR'S SIGNATURE

Cinhung S. Thousa

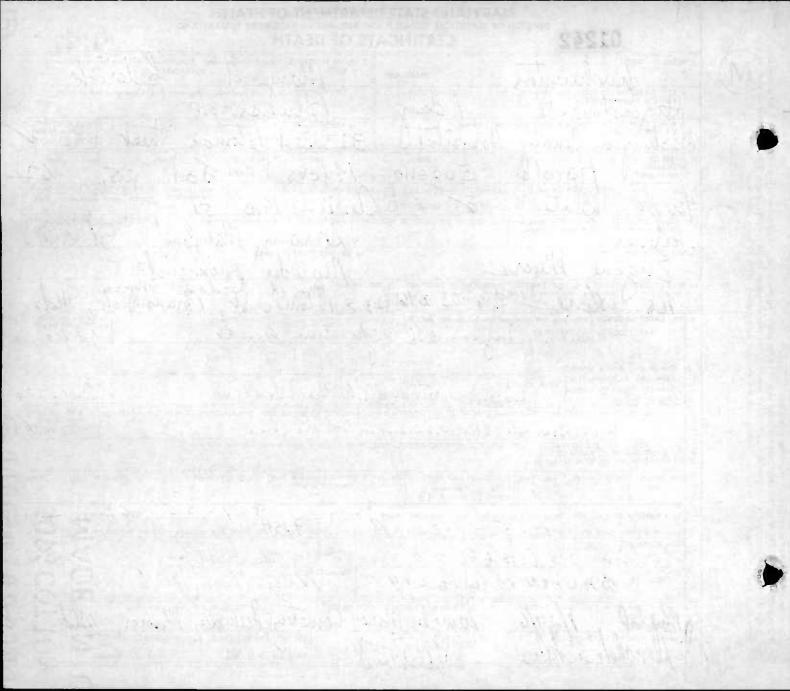
250. RECID BY REGISTRAR

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196 4 that (1) (we) last

be executed within 24 haurs after death. Page death ATTENDING Day be retor page 3 the State 10 VR A15 (4) 15M 9/59

EUNERAL DIRECTOR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE;
DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60 8

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01243 CERTIFICATE OF DEATH

- 1			_
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmiss a. STATE b. COUNTY	ion)
	Washington MARYLAND	Maryland Washington	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
	Hagerstown 4 Weeks	03 Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDEN ON A FAR	M?
Н	Washington County Hospital	350 Ridge Ave YES NO:	
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF	
		ERS DEATH Jany 2 1962 19	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H	
		Jany 11 1894 67 yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or paign country) 12. CITIZEN OF WHAT COUNTRY	TRY?
1	Conductor W. M. R. R. Retired	Shady Grove Franklin Co USA	
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Myers	Eleanor Talhelm	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordatesofservice)		
		rs Maggie M. Myers350 Ridge Ave	
	18. CAUSE OF DEATH [Enter only one ceuse per lipe for (e), (b), end (c).]	1 1 Hagarstown Md Interval Between	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Whillston munich	
	DUE TO O The sales of	Reart disease Indhiste	
	Conditions, if eny, which (b)	maguet maguet	
	geve risa to Immediate couse (a), stating the underlying		
	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF	SY
ļ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS JUNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH II FEITHER, NOTIFY MEDICAL EXAMINER)	Performed YES NO I	
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Entar nature of injury in Jert for Pert II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State))
	at week at week	tory, street, effice bldg., etc.)	
7		1057 1 - 7 10/7 11-1 (1) (1-1)	la et
	21. I certify that (I) (this nospital) attended the deceased from.	death occured at 1950 to to the causes and on the date stated about	lasi
	22a. SIGNATURE	death occured at property from the causes and on the date stated about	
	17 + 7 Ka 1100	ATTENDING MED. STAFF	NED
	22c. PHYSICIAN'S	22d. ADDRESS	-
	NAME (Type) Rahert F Koadlo	Hagarchaun Md	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, Jown or county) (State)	
	REMOVAL (Specify)	TT TO THE RESERVE TO	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	enetery Hagerstown Wash Co. Md	
1	andrew K. Coffman Hagerstown Md.	DATE JAN 8 '62 Oribus S. Krous	
	Arter on OOT I more than the or a sown met.	DATE A. TOLINE	

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ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND DIVISION OF STATISTICAL R CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY the day by the and 2 death. b. CITY OR TOWN (if outside corporate limits, MARYLAND WASHINGTON

rite RURAL end give nearest town) TOWN (If outside corporete limits, write c. LENGTH OF STAY IN 1b 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? YES NO X completely NAME OF DECEASED OF (Type or print) DEATH 1962 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS OR RACE 7. MARRIED NEVER MARRIED AGE (In years and last birthday) Months Hours WIDOWED law requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) affending Q.E hen p (Yes, no, or unkown) (If yes give war or detes of service) physician. BOONS BORD MD 1B. CAUSE OF DEATH [Enter only one cause pe ONSER AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO has been Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) WAS AUTOPSY PERFORMED? CERTIFICATI none NO 7 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work DIRECTOR: p.m.1962, and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE SIGNED STAFF DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS FUNE ect NAME (Type) director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (Stete) REMOVAL (Specify) 0 ARDEN FUNERAL DIRECTOR'S REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 arithur S. Thous DATEAN 2 4 '62

YLAND STATE DEPARTMENT OF HEALTH

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the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per 14 may be retained by the hospital or attending physician.

Yet A may be retained by the hospital or attending physician.

Yet A may be retained by the hospital or attending physician and completely din by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be gilled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyenty within 72 hours after death.

MARYIAND STATE DEPARTMENT OF HEALTH

ATT.	AKILAND SIAIL DE	WWINEIGH C	AL HEMEIN	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTO	ON STREET, BALTIA	MORE 1, MARYLAND
DIVISION OF STATISTICAL R	CERTIFICATE	OF DEAT	H	01230

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
M/25/1179/677 MARYLAND	a. STATE N/2, b. COUNTY Morga 17
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
write RURAL and give nearest town)	Park I Carrage
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
11- 1- 7 + 11	ON A FARM?
Honcock Kesl Home	83 X 3 YES NO Z
3. NAME OF First Middle	Lest 4. DATE Month Day Yeer
(Type or print) //ary -Jane	Penloney DEATH 1 - 28 - 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	7-16-1866 last birthdey) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewise	Morgan Co. WVa USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Widmust	M-, 1 5 M'-/
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. I	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	/
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occ/usion former
DUE TO A	
Conditions, if eny, which \ (b) Artern Scle	rotic Heart Disease
geve rise to immediate cause	10112 112013
(e), stelling the underlying	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
S CHILDRIC CONTINUES CONTINUES TO DEATH BUT NO	PERFORMED?
3 senile Debilit	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	Monter netura of Injury in Pert I or Part II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor at work at work	ory, streat, offica bldg., etc.)
	19 71 11 1-91
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occured a
22a. SIGNATURE)	ATTENDING MED. STAFF 22b, DATE SIGNED
Herbert K. Tobias M	D. PHYS. DIRECTOR PHYS 1-24-62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Herbert K. Jobias	Berkeley Springe W16
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. [DCATION (City, town or county) (Stata)
REMOVAL (Specify) 1-30-62 Mt. 7:17	Cometery Morgan Co. W.Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I will no ill ail	Charles and the second
I madelen or . I have how	MCOCK MONAN 31 '62 Curry S. Thomas

The state of the state of March Corners of the Control A teresa Kratic Heart Disease 多级工作工作工作工作工作工作 SHARL THE CONTRACT THE FREED March River Land Level Herbert Remarks and March and a still and the second of the second o himmend in the Character as

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01246

CERTIFICATE OF DEATH

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O T W T U					2.0
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary 1	ere deceased lived. If and b. C	institution: Residence OUNTY Wash	e before odmission) ington
b. CITY OR TOWN (If outside carporate limits, wri	te c. LENGTH OF STAY IN 1b 45 years	c. CITY OR TOWN (If at Hag	utside carporate limits, erstown	write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give structure of the structure o		d. STREET ADDRESS 522 Sum	mit Ave		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELizabeth	wolfe	PCOLE	4. DATE OF DEATH	Manth	30 Year 1962
Formala White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 17, 19	9. AGE (Illust bir 13 48	n years IF UNDER 1 thday) Manths I	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired) Clerk	ob. KIND OF BUSINESS OR INDU	Spielman spielman			EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Wilkens Boyer			Blanche	Ridenou	ır
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT		Address	
	На	rry R. Pool	e Hager	tsown, P	ld.
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).] ARCINO MA	70515			INTERVAL BETWEEN ONSET AND DEATH 4 MONTH
gave rise to immediate cause (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS SUBACUTE L CHI	PONIC PYELD	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERSORMED? YES NO
	describe how injuky occurre	D. (Enter nature af injury in P	art I ar Part II af item	1B.)	
Haur a.m.	d. INJURY OCCURRED hile Nat while fa wark at wark	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City ar tawn)	(C	ounty) (State)
21. I certify that (I) (this hospital) att saw the deceased alive an 22a. SIGMATURE		death accurred at A	M, fram the cau		
1 15 11 400	agross	ATTENDING ME	D. STAFF		Jan. 30, 1962
NAME (Type) ANTONIO U	PALLACROSI	150	o Penn	a. Ave.	Hagestoner
230. BURIAL, CREMATION. 23b. DATE THEREOF EMOVAL (Specify) 2-2-62	Rest Haven		23d. Lecation (city Hagers		(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25	b. REGISTRAR'S SIG	NATURE
Scott F. Minnich &	on Hagerstown	1, Md. DATE	EB 1 162	Orthun S.	-
				a.	Trans

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be restricted by the haspital ar attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

he funeral directar, snauld be filed with

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01947	CERTIFICAT	E OF DEATH		01232
1.	PLACE OF DEATH		2. USUAL RESIDENCE		ution: Rasidence before edmission
	Washington b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Maryland	Washing to	n
	write RURAL and give nearest town)		6.0110000000000000000000000000000000000	iside corporate illinis, with Kor	AL one give needed form,
	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	4 Days	d. STREET ADDRESS	rstown	e. IS RESIDENCE ON A FARM?
3.	Washington County Hos	spital	201 North	Janathan St	
	OECEASED (Type or print) GEORGE ELLS	WORTH PF	RICE	OF January	
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U	
	ale White WIDOWEI	DIVORCED DIVORCED DIVORCED DIVORCED	Nov 4 1890	71 yrs	nths Deys Hours Min.
Me	ne during most of working life, even if retired)	Co Retired	Sharpsburg	Wash Co Md.	USA
	Tobu F Dudge		Martha W	141 con	
15.	John F. Price WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.		Address	
	s, no or unkown) (If yes give we ror detes of service)		lghman Price	412 Danghar	n Blad
-	No = 314				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ine for (e), (b), and (c).]	Hagerstown	Co. 10 a has	ONSET, AND DEATH
	IMMEDIATE CAUSE (e)	arocco v	socular	Corcope	MIL
	SS DUE TO	1.1.1.1	0. 16.	Man, acc	id gays.
	Conditions, if any, which gave rise to immediate ceuse	now	~ Vasa	mean ofte	14.
	(a), steting the underlying ceuse lest.	erebrok	ather	soclein	s yrs.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
ERTIFIC	2Da. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part	l or Part II of item 18.)	
		INJURY OCCURRED 2De. PI	ACE OF INJURY (Home, ferm,)	2Df. (City or town)	(County) (Stata)
MEDICAL	Hour a.m. While p.m. 19	Not While fe	ctory, street, office bldg., etc.)	Zoi. (City of fown)	(County) (Sinte)
	21. I certify that (I) (this hospital) attended	ded the deceased from	O. M. q. 19.	60 to 0 443	, 19
	saw the deceased alive on.	2 19 62 and the	at death occured at	M, from the cases and	on the date stated above
	22a. SIGNATURE		ATTENDING MED		22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	20000	M.D. PHYS. DIRE	Lita.	
	Zadio B. C	NAME	1177	TAILEL	4M
23	Burial (Specify) Burial 1/7/62	Mt View Cer	or crematory 2	Sharpsburg V	r county) (State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D		
		gerstown Md.	DATE JAN	8 '62 Cuch	un S. Kraus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE the day NACHINGTON MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WASHINGTON by th c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2 d. STREET ADDRESS EARS d d e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address ON A FARM? RURAL YES NO MOBURN TOME papersi n 72 h completel 3. NAME OF Day 4. DATE Month Year DECEASED DEATH 1962 (Type or print) ENNER ANUAR and con carbon at, withir B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) dona during most of working life, even if refired) MONI ONE 13. FATHER'S NAME please attending SARAH 17. INFORMANT MARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yas give war or datas of service) WADE 1B. CAUSE OF DEATH [Enter only one cause persies for (e), (b) and (c). signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ending Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (County) (Stata) WEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, streat office bldg., etc.) Net While Hour a.m. While at work at work p.m DIRECTOR: 21. | certify that (1) (this hospital) attended The deceased from 19, that (I) (we) last from the causes and on the date stated above and that death occured deceased al saw the DATE ATTENDING STAFF SIGNED MED. DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN' NAME ITYME FUNE director, be filed 23d. LOCATION (City, town or county) (State) THEREOF NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE BEMOVAL (Specify) OH ORLA ADDRESS REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Orthur & Traces OONSBORD

MARYLAND STATE DEPARTMENT OF HEALTH

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e. IS RESIDENCE

YES NO

1962

IF UNDER 24 HRS.

Year

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U.S.A.

HAGERST

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO

(Stete)

22b. DATE SIGNED

(State)

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MARYL	AND	STATE	DEP	ARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(11935)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission)
Washington MARYLAND	*. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If oulside corporete limits, write RURAL and give nearest town)
Hagerstown 55 years	12 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
203 B Rowland Ave.	203 B. Rowland Ave
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	inson DEATH January 7 1962
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED 0	oct. 17, 1890 71 Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Laundry	Harrington, England U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph H. Robinson	Minnie Haughan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 214-09-2513 Mi	rs. Helen Robinson Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Acute Coronary	Occlusion Unknown
IMMEDIATE CAUSE (e)	8 years
Condition if any which Atnerosclerotic	
geve rise to immediate causa (Acute Coronary	Occlusion Apr. 10, 1953)
ceuse last. (c)	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
None	YES NOX.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OCCURED OF CONTRIBUTING TO DEATH BUT NO OCCURED OCCUR	. (Enter nature of injury in Pert I or Part II of item 18.)
	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
	ory, streat, office bldg., etc.)
21. I certify that (I) (NEX NEXCHAE) attended the deceased from	Jan. 7 1962 to Jan. 7 19 62 hat (1) (1) last
19 67 and that	death occured at M, from the causes and on the date stated above.
22e. SIGNATUR	deally occured ar
1/// / / / / / / / / / / / / / / / / /	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S War I dom III To remain M I)	22d. ADDRESS 5 Public Sq. W. W.
NAME (Type) William T. Layman, M.D.	Hagerstown, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county) (State)
REMOVAL (Specify) Burial 1-9-62 Rose Hill (Cemetery Hagerstown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25% REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	n, md. DATEJAN 10'62 Civiling S. France

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Jesoph E Bolanson

PASSES Serdand Av.

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dering 1-9-62 Rose Will Weemstery line returns, id.

Scott .. Charten and In erstewn. md.

MADVIAND STATE DEDARTMENT OF HEALTH

	1412-115				••	
VISION OF STATISTICA	L RESEARCH	AND RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE 1,	MARYLAN
			OF BRASE			3 d - 1

01251 CERTIFICAT	E OF DEATH 01236
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Washington MARYLAND	. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Hagerstown 4 months	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
837 Florida Ave.	837 Florida Ave. YES NO 🔀
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Year OF
(Type or print) EDWARD SOLOMAN ROBI	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	ugust 3,1881 80 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Conductor W.M.R.m Retired	Clear Spring, Wash. Co. Md. USA.
13. FATHER'S NAME	
William H.Robison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 2	Anna Miller
No (ffyesgivewerordatesofservice) (105–10–5356 Ed	ward E.Robison, 119 Randolph Ave.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO COTE 13	Inforction 2 days
420,/ DUE TO	
Conditions, if eny, which) (b) Corohery	thrombosis 2deys
geve rise to immediate cause (a), stating the underlying cause lest. (c) At Partans	ve vesc. disesse 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 1
□ 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Part I or Pert II of item 18.)
Hour e.m. p.m. 19 While Not While et work et work	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Mey 10, 1952 to Jan. 24, 1962, that (I) (we) last death occurred at 20. M, from the causes and on the date stated above.
saw the deceased alive on	22b DATE

22c. PHYSICIAN'S NAME (Type

ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR 22d. ADDRESS 2/4

SIGNED

REMOVAL (Specify) 1/27/62 Burial

CEMETERY OR CREMATORY NAME Broadfording Dunkard

23d. LOCAHON (City, LWN Cemetery, Br

ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman, Hagerstown, Maryland

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01252 funeral 1. PLACE OF DEATH USUAL RESIDENCE (Whare deceased lived, If institution; Rasidence before admission) a. COUNTY b. COUNTY Washington by the and 2 death, MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Mural Keedysville 5 vears Rural Reedvsville RFD #1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Keedysville RFU Keedvsville RFD YES NO TY completely 3. NAME OF Middla DATE Year DECEASED OF (Type or print) DEATH 19 62 within Ebersole Rohrer Jan. and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Female White WIDOWED TO DIVORCED Jan. 18 VIN. 10a. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Home Housewife Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Margaret Ebersole Clipp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of sarvice) Mrs. Harry Abbott Keedysville Md RFD No None signed by the affending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis instant IMMEDIATE CAUSE (a) the burial-transit burial, cremation, DUE TO Arteriosclerotic CV disease ll Yrs. Conditions, if any, which certificate has been gava rise to immediata causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Pert II of item 18.) After this estached for OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 3 should be de p.m. 19.50 to Jan. 131962 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from Dec. Jan. saw the deceased alive on. 22b. DATE SIGNATURE ATTENDING STAFF SIGNED X DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNE ector, pe NAME (Type) Walter H. Shealy Sharpsburg, Md. 1/15/62. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) の音気 Sharpsburg Md. 16-62 View Cemetery Puria FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

executed within 24 hours after

RYLAND STATE DEPARTMENT OF HEALTH

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Elect H. Sheely J. D. Sherosburg, Td. 1/15/62.

dand dan. Lo-o2 -t./ iew Comptery Pharosourk Mt.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1253

CERTIFICATE OF DEATH

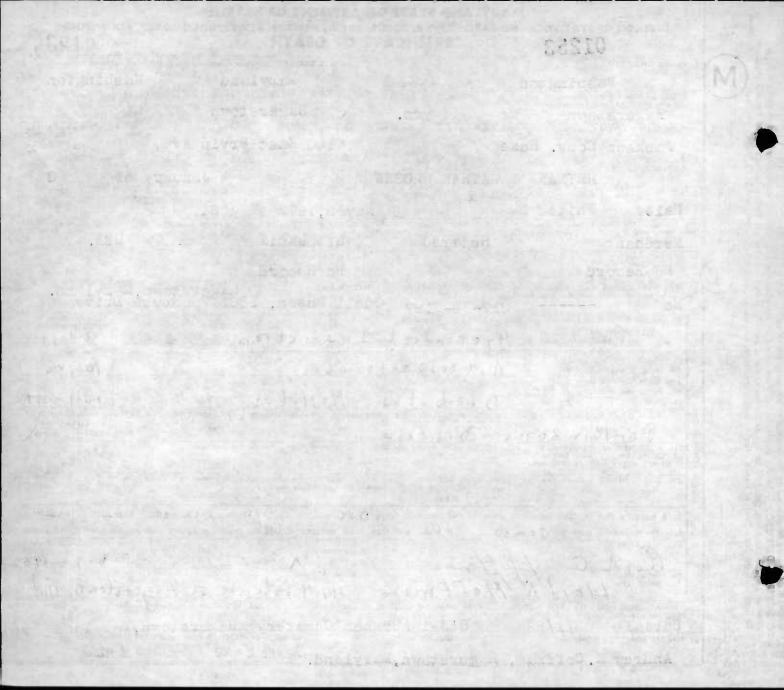
07409				4,01
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, If instituti	on: Residence before edmission)
Washington	MARYLAND	a. STATE Maryl	and b. COUNTY T	Jashington
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporete limits, write RURA	
write RURAL and giva neerest town) Hagerstown	4 vrs.	OS Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE
		1100 East	Ervin Ave,	ON A FARM?
Jackson Conv. Home	Middle	Last 4. D		YES NO X
DECEASED	ATHAN ROSEN	0	EATH January	
6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNE	
Wales White widow	ED DIVORCED 1	May 5,1877	84 yrs. Month	ns Deys Hours Min.
De. USUAL OCCUPATION (Give kind of work 10b. 1		Y 11. BIRTHPLACE (County & St	ate, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Merchant	Retired	Lithuania		USA.
B. FATHER'S NAME	10 01100	14. MOTHER'S MAIDEN NAME		
No Record		No Record		
	. SOCIAL SECURITY NO. 17. I		YY Adden	31
(es no, or unkown) (Ifyesgive wer or detes of service)		dell Rosen, 1	Hagerstown 801 Woodburi	Maryland. Drive
18. CAUSE OF DEATH [Enter only one cause per			Water 1997	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ocalial -	thianstia		ONSET AND DEATH
IMMEDIATE CAUSE (6)	1 Sipaso	Interction	n.	2 Gett
DUE TO	40:001			
Conditions, if any, which (b)	rterio scli	520211		1012
geve rise to immediate couse (a), steting the underlying DUE TO		h1 11 1		F 100 1 100 0
cause lest. (c)	12 bet 23	Mellitus		10-1-1.7
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN I	
PerKinsons	125025			PERFORMED?
		(Enter nature of injury in Pert I o	r Pert II of item 18.)	110 M
		CE OF INJURY (Home, ferm, 20)	f. (City or town)	(County) (State)
Hour a.m. While p.m. 19 at wo		ory, sheet, office bidg., etc.)		
21. I certify that (I) (this hospital) atter	h-ml	0 = 0 = 10 0	2 10 45 42 20	10 6 2 that (1) (
	/	. N		
saw the deceased alive on. J. 2 3.0		death occured at//30.M,	from the causes and c	
22e. SIGNATURE	1	ATTENDING MED.	OR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	M.	22d. ADDRESS		, 1 - 176
22c. PHYSICIAN'S NAME (Type) L/byd A	offmen	214 M. Poto		erstown, md
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town of co	ounty) (State)
Burial 2/1/62	B'Nai Abral	ham Cemetery	Hagerstown	No mer land
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY	Hagerstown REGISTRAR 256. REGISTRA	R'S SIGNATURE
			44.4	1 8. Krous
Andrew K. Coffman, H	agerstown Ma:	ryland DATE FEB 2	Circum	a. rums

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNE!

OIRECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.



MARYLAND STATE DEPARTMENT OF HEALTH

01254 CERTIFICATE OF DEATH

 PLACE OF DEATH a. COUNTY 	I .		USUAL RESIDENCE (Whara daceasad lived, if institution: Residence bafora admissi
Washing	ton	MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarast town)
Hagers		19 Days	03 Hagerstown
	TAL OR INSTITUTION (if not in		d. STREET ADDRESS e. IS RESIDEN
Washingt	on County He	ospital	650 Summit Ave
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month Day Year OF
(Typa or print)	JOSEPH	WILLIAM S	SCHNEBLY DEATH January 17 1962 19
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI Honding Hours Min Hours Min Hours Min Hours Min Hours Min Hours Min Hours Hou
Male	White . WIDG	OWED DIVORCED	Nov. 6 1879 82 yrs.
10a. USUAL OCCUPAT	ION (Giva kind of work 10	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or longing country) 12. CITIZEN OF WHAT COUNT
Engineer 13. FATHER'S NAME	rking ma, evan it famad)	ty of Hagersto	TICA
David Sc	hnehly		Mary Cromer
		16. SOCIAL SECURITY NO. 17. 1	9
(Yas, no, or unkown) (I	fyas give war or dates of servica)		
No	2.		Ruth C. Schnebly 650 Summit Ave
	EATH Entar only one ceuse	per line lor (a), (b), and (c).	ragers town Md. ONSET AND BEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	Occusion instart
1 42	A . I DUE TO	1 /-1	
Condistant 16 and	1	and the	o releving Devere 10 gra
Conditions, if eny		en cevan	Julewing graver 1
(a), steting tha u	DITE TO	16 11	al still
causa last.) (c)	Cereful	/ pasm
Z PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	TREE TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP
ATK			YES NO I
PART II. OTHER 208. ACCIDENT W OR CONTRIBUTING UIF EITHER, NOTIFY	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING	MEDICAL EXAMINER		
20c. TIME OF INJU			CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour e.m.		Whila Not While Jaci	ory, street, office bldg., etc.)
			13-5-12-61 1-17-1/3 -101
	4 /	ttended the deceased from	/3-10- (39) to /-/7-, 152, that (I) (we)
saw the deceas	sed alive on.	and that	death occured a
22e. SIGNATURE	10	0 12/2	ATTENDING MED. STAFF SIG
	W. Muc	9-11072 M	D. PHYS. MED. STAFF SIG
22c. PHYSICIAN'S		- Contract -	22d. ADDRESS
NAME (Typa)		11/10 g	Heguston My
	ION, 236. DATE THEREOF	- 23c. NAME OF CEMPTERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
PEMOVAL (Spacify)		_//	Compton Carriage Work Co Ma
Burial		Salem E & R	Cemetery Cearfoss Wash Co Md.
24 FUNERAL DIRECTOR			A-W - 200
Andrew K	. Coffman	dagerstown Md.	DATE JAN 1 9 62 Urling S. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral papers. Tales 1 a TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Page 4 may be retained by the hospital or attending physician.

2 TO FUNEE 1 DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carby in papers.

5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the Total complete.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11255 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11241		
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)			
Washington MARYLAND	• STATEMaryland b. COUNTY Wash	ington		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)		
Hagerstown 51 years	Hagerstown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?		
Washington Co. Hospital	170 S. Prospect St.	YES NO K		
3. NAME OF DECEASED (Type or print) Russell Lee Shadra	OF	28 19 62		
	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEA			
7. MANNED ZE NEVEK MAKNED	lest birthday) Months Dey			
		OF WHAT COUNTRY?		
done during most of working life, even if refired) Clerk Hardware Store	Near Boonesboro, Md.	N OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Charles Shadrach	Amanada Stahl			
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address			
(Yas, no, or unkown) (Ifyasgivewarordatesofservica) 214-09-0657Mrs	s. Althea Shardrach Hagerst	own, Md.		
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).]	20	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vaclusion	ONSET AND DEATH		
420.1 DUE TO 1/1	7 , 11 ,			
Conditions, if ony, which \ (b) Stephenson	edis// seules desen	5 bear		
gave rise to immediate cause				
(a), stating the underlying cause lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4			
¥		YES NO Z		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury In Part I or Part II of Itam 18.)			
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) ory, street, office bldg., aic.)) (Stete)		
Hour e.m. p.m. 19 Whila Not Whila at work at work	ory, silear, office brage, are.)			
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection Inquiry , a	nd in my opinion		
death resulted from: Natural causes . Accident . Suice	ide, Homicide, Undetermined manner	A DESCRIPTION		
1/5/000	CHIEF MEDICAL EXAMINER			
SIGNATURE W. M. SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED		
EXAMINER'S TO COLOR	DEPUTY MEDICAL EXAMINER	29/12_		
NAME (Type) ATFW IIII 9	Address (Streat, city, town, or county)	/ 6 -		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d, LOCATION (City, town, or country)	(State)		
	metery Hagerstown, Md.			
23. FUNERAL DIRECTOR ADDRESS	JAN 3 0 '62 Command & 7			
Scott F. Minnich & Son Hagerstown		Creus		

12 mg	S ACTURBUTED THE				
	CONTRACTOR OF THE	in which the training	Spall Colors Residentes	THE SAMPLES OF SEC.	HILLIAM DIE
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responding mos	analy and	Val. IX			THE REAL PROPERTY.
MIN SOME IN ANGENTY FARE	· · · · · · · · · · · · · · · · · · ·	WITE STREET	TOTAL TO YOUR MANAGEMENT		
			1009 12		
		THE REAL PROPERTY.			
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		of AMERICAN III			
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	- Strong or an area control as	a.7.		The February	
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	The shade the position		14341		7. a 4.
F-94-9	DATE OF THE RESERVE O		turning ell ren	a distribution	

ATATA SOT CHECK GLARAN MARYLAND STATE DEPARTMENT OF HEALTH

22b. DATE SIGNED N. Potomac St- Hagerstown, Md (State) WASHINGTON CO. MD. arthur & Krous

e. IS RESIDENCE

YES NO

12 1962

INTERVAL BETWEEN

ONSET AND DEATH

NO F

(Stete)

Day

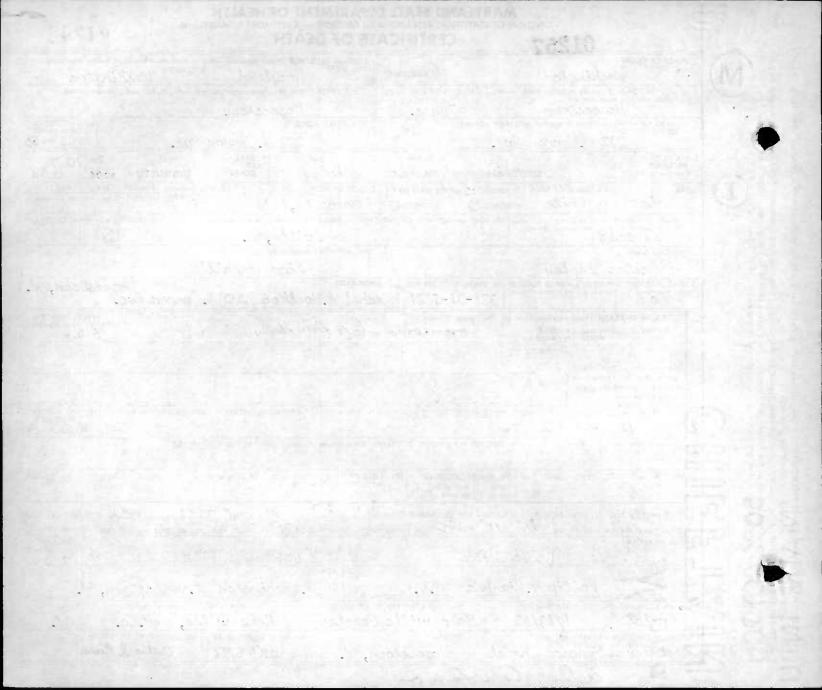
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ON A FARM?

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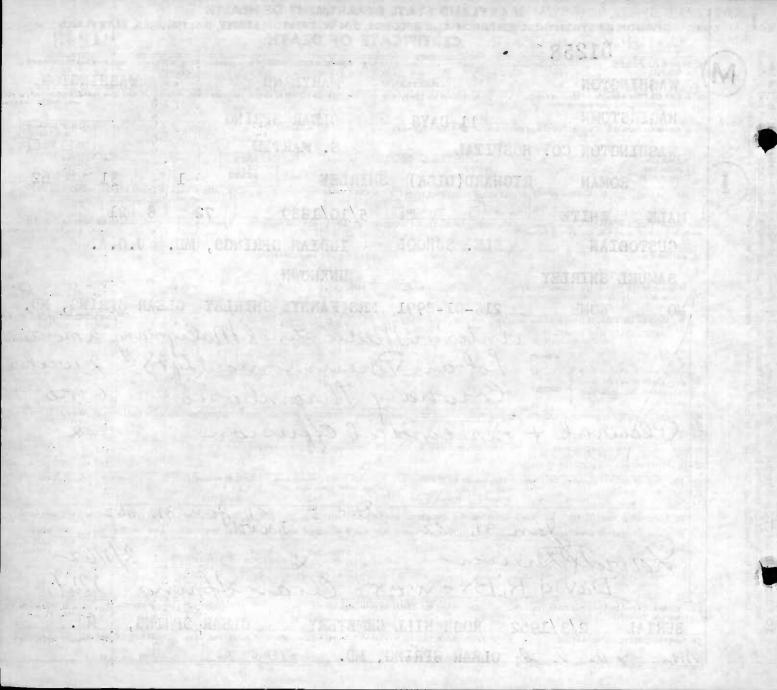
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24 haurs after death.



	01258	CERTIFICATI	E OF DEATH		ORE 1, MARYLAND	
). PLACE OF DEATH . COUNTY WASHINGTON	MARYLAND	a. SIATE MARYLAN	D b. COUNT	WASHINGTON	_
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital contents)		CLEAR S		RURAL and give nearest town) a. IS RESID. ON A FA	
	WASHINGTON CO. HOSPI 3. NAME OF DECEASED (Type or print) ROMAN RICHA	(S. MART	IN 4. DATE Month OF DEATH 7	Day Year	62 62
1	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE 108. USUAL OCCUPATION Give kind of work 10b. KI	DE NEVER MARRIED B.	5/10/1889		FUNDER 1 YEAR IF UNDER 24	HRS.
	done during most of working life, even if relired) CUSTORIAN 13. FATHER'S NAME EI	E. SCHOOL	INDIAN S	PRINGS, MD.	U.S.A.	
	(Yes, no, or unkown) (If yes give war or detes of service)		UNKNOWN FORMANT	Address	TAD CDDTNC N	(m)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which (b)		rs FANNYE diastin	shirley cli al Malig mia (Lift	EAR SPRING, A WITERVAL BETWEE ONSET AND DEA' nand 2 More 2 WC	
	geve rise to immediate cause (e), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CON	oronary	Thron RELATED TO THE SERMIN	bosis	6 Mo) DPSV
	Pleural + Pe 200. ACCIDENT WAS UNDERLYING 200. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ricardia CRIBE HOW INJURY OCCURED.	l Effu	sion	PERFORM! YES NO	ED?
	Hour e.m. While at work	Not While factory	OF INJURY (Home, farm, street, office bldg., etc.)	0.00	(County) (Stet	
	21. I certify that (I) (this pospital) attends as the deceased alive on 22. SIGNATURE	ded the deceased from 1962, and that d	leath occured a 3.5	300 Mm the causes a	A / / 22b. D.	bove.
	22c. PHYSICIAN'S NAME (Type) David R.J.	Brewer	DUIVE ET DI	ED. RECTOR DHYS. D	2/1/62 s	GNED
	238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/3/1962 24 FUNERAL DIRECTOR'S SIGNATURE	ROSE HILL CE	METERY	CLEAR SPR. D BY REGISTRAR 256, REGI	ING MD (Stete)	
	Magaet Rouland. CI	LEAR SPRING,	MD. DATE FE	\$ 6 '62 Ch	ing S. Krues	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1259

CERTIFICATE OF DEATH

024.50

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. STATE b. COUNTY
	WASHINGTON MARYLAND	o. STATE MARYLAND WASHINGTON
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	HAGERSTOWN 2½ YEARS	03 HAGERSTOWN
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e, IS RESIDENCE ON A FARM?
N	ART IN MANOR CONVALESCENT HOME	136 S. POTOMAC STREET YES NO
	NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	DECEASED	CURODER DEATH IN 00 10 40
-	CARRIE MAE	SHRUDER Jan. 20 17 02
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey Months Deys Hours Min.
	FEMALE WHITE WIDOWED DIVORCED M	ARCH 11 1867 94 yrs.
10	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	BOOKBINDER BOOKBINDING CO.	FOUNTATNDALE PENNA. U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CAMBODO CIRONED	ANGANTO A VITAT WEYD
15	SANFORD SHRODER . WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	AMANDA WALKER INFORMANT Address
	es, no, or unkown) (Ifyes give wer or dates of service)	THE CALL AND A STATE OF THE STA
-	NO 214-09-7038A	MRS. QUAY COOK HAGERSTOWN MARYLAND
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	WINTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CHIENO SCIETOLIC	Heary wereas well mysearmy 10 yr +
	T 2 0 DUE TO	E.L.
	Conditions, if any, which (b)	racium
	gave rise to immediate ceuse	
	(e), steting the underlying DUE TO acute Responding.	July hon 2 days
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICART CONDITIONS CONTRIBUTING TO DEATH BUT INC	PERFORMED?
3		YES NO
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH). (Entar nature of injury in Pert I or Pert II of item 18.)
핑	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
MEDICAL	Thou a.m.	tory, street, office bldg., etc.)
2	p.m. 17 Lad Lad	JA 1945 10 . Jan 28 1062 11 11
	21. I certify that (I) (this hospital) attended the deceased from.	\$ 115D
		death occured at the talk, from the causes and on the date stated above
	22a. Sichard	ATTENDING MED. STAFF 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1 J LUSON	I.D. Prils.
	22c. MYSICIAN'S NAME (Type)	22d. ADDRESS
	F F LUSBY M. D.	230 N. POTOMAC ST. HAGERSTOWN MARYLAND
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	METERY HAGERSTOWN MARYLAND
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24		ADVICE STREET DE CINING & Thomas
	SUTER-ROUZER FUNERAL HOME HAGERSTOWN M	ARYLAND DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		physician a	director, reger 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.	o E be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
death		nding	please	and in
the the		affe	Then	val,
that	r.	the	===	ешо
equires	G & death. Page 4 may be retained by the hospital or attending physician.	ned by	sit perm	on, or r
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			MARYLAN	ND STATE D	EPARTMEN	T OF HEA	LTH				
	DIVISION	01260		ERTIFICA	S, 301 W. PRI	STON STRE	ET, BALTIMO	ORE 1, M	ARYL	AND 4	
1.	PLACE OF DEATH	OILOU				IDENCE (When	e deceased lived, If		lasidance	before a	dmission)
		Washingt	ton	MARYLAND	a. STATE	Md.		Wi	a sh		
	write RURAL and Chew:	f outside corporate limits give nearest town) SV111e		NGTH OF STAY IN 16		own (If outside of ewsvil	corporate limits, writ	e RURAL and	give ne	earest tow	n)
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hospital, gi	ive street address)	d. STREET AD	DRESS				ON A	SIDENCE FARM? NO X
	NAME OF	First		Middle	Last	4. DAT	TE Mont	h	Day	Year	
	DECEASED (Type or print)	Ruby	H	annah	Smith	OF DEA	TH .	Jan.	13,	19	62
5.	SEX	6. COLOR OR RACE	7. MARRIED TIN	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.
	female	white	WIDOWED	DIVORCED X	April 19	, 1910	51 yrs.	Months	Days	Hours	Min.
10a do	. USUAL OCCUPATION during most of wo houswill	ION (Give kind of work rking life, even if retired e	10b. KIND OF	BUSINESS OR INDUST		(County & State		12. CIT	IZEN OF	WHAT C	OUNTRY?
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME					
		James H. I	Harp			C	ora Pau	lsgro	ve		
		ER IN U.S. ARMED FORC fyes give war or dates of se			James H.	Harp,	Addres Chewsvi:		Md.		
	PART I. DEATI	H WAS CAUSED BY:	cause per line for	pulm	mary	Ede.	mg			RVAL BET	
	Conditions, if any gave rise to immedi (a), stating the uncause last.	ate cause	Poin	nary &	melin	a- Ro	hrumati	e floa	12	84	ins.
TION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO FEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PART			RMED?
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE F	HOW INJURY OCCUR	ED. (Enter nature of in	jury in Part I or P	art II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Yea	WhileN		LACE OF INJURY (Ho actory, street, office bl		(City or town)	(Cou	nty)		(State)
		hat (I) (this hospita			1		to your			,,,	
		sed alive on	***************************************	19, and the	at deat occured	atM,	on the causes	and on I	the dat	e stated	DATE
	22c. PHYSICIAN'S NAME (Type)	Kolpe	ler oh L	e R	ATTENDING PHYS. 22d. AOORE	MED. DIRECTOR	STAFF PHYS.	`	1/	15/ cm	SIGNED 2
234	BURIAL, CREMATI REMOVAL (Specify) DUrial	1-16-6		NAME OF CEMETERY mithsburg			ocation (City, in	g, Md		(S1	late)
	FUNERAL DIRECTOR		1	ADDRESS	2	Sa. REC'D BY RE	GISTRAR 256. RI	GISTRAR'S	SIGNAT	URE	
		Minnich o	& Son,	Smithsbur	rg, Md.	ATN 1 6 '62	antin	19 3. Kg	ud.		

Maninedan . If mail all Freedon's Charactite dille Story Condition of the State of m open the high w reacted with a stame t .by .ofitemeds Tell much Cora Paul arrove James 31. Herri . Dr. office of completion . Il append Color of the color of the color 246-7 of success for the service of the grant of Something of Court Hilly Same Leaving the Para less Market Market . Date . Bill this common and this ga-bi-i Scott . Minica & Son. Saidhaid , Mar 1. PI

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MEDICAL

	of STATISTICA 01261		YLAND STATE ARCH AND RECO CERTIFIC	RDS, 3	01 W. PREST	ON STREE			ARYLAND
ACE OF DEATH				2.	USUAL RESIDEN	CE (Where d	eceased lived, If	institution: Res	idence before admission)
COUNTY					. STATE		b. COUN	T.T.A.C.	HTMORON
CITY OR TOWN (if write RURAL and	outside corporate limit	s,	c. LENGTH OF STAY IN		MARYLAN		porate limits, write	RURAL end s	HINGTON give neerest town)
RURAI.	NR. CL	EAR not in ho	SPRING MD.	- 2	SPICKLE STREET ADDRESS	R	NR. CLI	EAR SP	IS RESIDENCE
RESIDENC	· Fr				RURAL				YES NO
AME OF	First		Middle		Last	4. DATE	Month	6	Pex Yeer
ECEASED ype or print)	FRANK		A 1 A B And A 1 And any	SPIC	KLER	OF DEATH	JANUAF	- 0-	19 62
EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DAT	E OF BIRTH	5	AGE (In yeers last birthday)	IF UNDER 1 Y	
MALE	WHITE	WIDOWI	ED DIVORCED	6	/3/1882		79 yrs.	7 23	
	ON (Give kind of work sing life, even if retired		CIND OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (Cou	nty & State, or	foreign country)	12. CITIZE	EN OF WHAT COUNTRY?
GARAGE ATHER'S NAME			ARAGE		NASH. CO				U.S.A.
							DIROG		
	SPICKLER R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	REBECCA	SHAR	PLESS Address		
NO	NONE		NONE	MR	S ELIZEE	ETH M	. HERBI	ERT	CLSPG. MD.
PART 1. DEATH	WAS CAUSED BY:		TRICULAR FIBRIL	LATIO	N				onset and death minutes
Conditions, if eny,	(-)_	COR	ONARY ARTERY C	OCCLU	SION WITH	MYOCAR	DIAL INFA	RCTION	4 hours.
pave rise to immedie a), stating the un- cause last.	DITE TO	HYP	ERTENSIVE ARTE	RIOSCL	EROTIC HEA	RT DISE	ASE		unknown
PART II. OTHER	SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEATH BUT	NOT REL	ATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1	19. WAS AUTOPSY PERFORMED?
	S UNDERLYING	20b. DE:	None SCRIBE HOW INJURY OCCU	JRED. (Ente	r netura of injury in	Part I or Pert	II of item 1B.)		

CERTIFICATION 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work p.m that (I) (we) last

certify that (I) (this hospital) attended the deceased from the deceased alive on January 11 1962, and that 62 6:00AM, the deceased alive on. causes and on the date stated above. 22b. DATE 01/27/62 DATE ATTENDING. MED. STAFF XX DIRECTOR PHYS. PHYSICIAN'S NAME (Type) PHYS. 22d. ADDRESS Maryland

Clear Spring, Archie Robert Cohen, M.D.

23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BURIAL 1/29/62 ST. PAULS CLEAR SPRING, MD.

Rowland

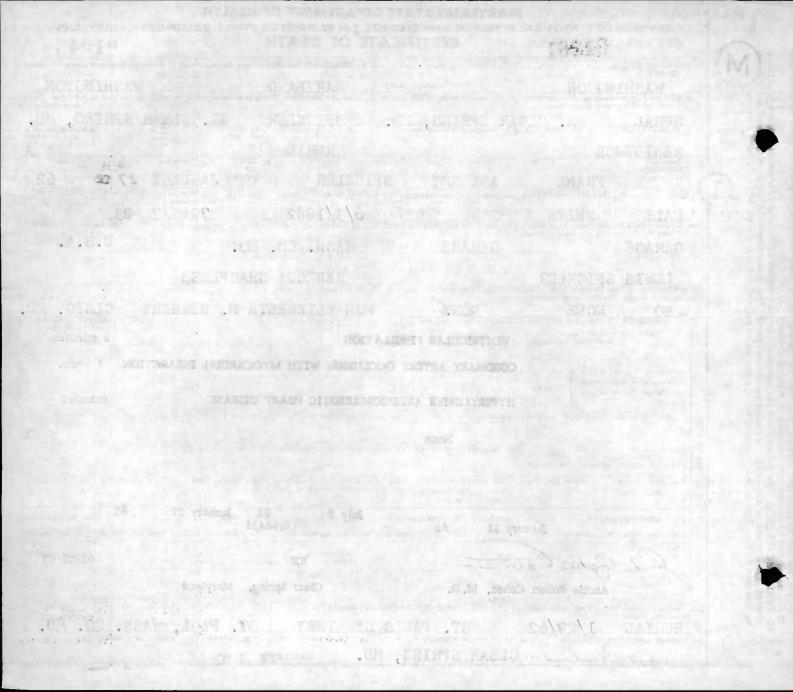
23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

DATE FER

arthur & Krass

(State)



Page 4		director,	led with	1
ofter death.		he funeral	hauld be fi	
1 hours		d in h	ane	
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law rec	ysician.	been si	I-transit	ion, or r
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HYSICIA	or after	s certific	se as th	burial,
ING P	aspital	After thi	ed for u	priar to
ATTEND	by the h	CTOR: A	detach	f Health
OR	P	SE	d Be	rd o
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	S> may be reprinted by the haspital or attending physician.	D FUNERAL	oge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.
VR 15	A	15 9/5	(4)	

	MAI DIVISION OF	RYLAND STATE D	EPARTMENT OF	HEALTH MORE 1. MARY	LAND		
	01262		TE OF DEATH	HORE I, MAKI	LAND	019	046
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Who			Residence befa	ire admission)
	Washington	MARYLAND	Maryl	and t	. COUNTY	Vashing	ton
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate lin	nits, write RUR	AL and give nec	prest tawn)
	Hagerstown	50 yrs.	05 Hager	stown			
	d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Western Maryland S.		d. STREET ADDRÉSS 226 N	Potomac	St.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Ruth First (Mar	gretta Middle	SPIDELL	4. DATE OF DEATH	Manth	Do 9	Year 1962
5.		IED NEVER MARRIED	8. DATE OF BIRTH	9. AG			IF UNDER 24 HRS.
	Temale White WIDOW	DIVORCED [June 30,1	903 5	g yrs.	lanths Days	Haurs Min.
100	USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State			12. CITIZEN O	F WHAT COUNTRY?
	None	None	Shipp	ensburg, f	enna.	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				
	William Emerson.			E.Poe.			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Is. no. or unknown) (If yes, give war or dates of service)	11 12	IFORMANT	11 20= 12	Address		
	No	1.3	ymond E.Spide	U 307 BA	yan Pl		
	18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY:	ne far (a), (b), and (c).]	2000 1.00			INT	ERVAL BETWEEN
	IMMEDIATE CAUSE (a)	OBULAN	LINEDIAD!	VIA		10	O PAYS
	18 DUE TO	1010000		- 1		,	1. Mante
	I gave rise to immediate!	RCINOMA O	OF BLADD	E /7		/	4 1101111
	cause (a), stating the under-					33.12	
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
ATIC							PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of	item 18.)		
LCE	(IF EITHER, NOTIFY MEDICAL EXAMINER)						100
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm stary, street, affice bldg., etc.	, 20f. (City or tav	vn)	(Caunty)) (State)
ME	p. m. 19 at war						15 50
	21. I certify that (I) (this hospital) attend	led the deceosed from.,	June 29. 19.	61.10 ta	may 2	119.62 11	hot (I) (we) last
	saw the deceosed alive on	/ / /				on the dote	e stated abave.
	22a. SIGNATURE		ATTENDING ME	5	CE .		22b.DATE SIGNED
	Home us u latto y	lon	M.D. PHYS.	RECTOR PH	rs. 🔃	./	
	22c. PHYSICIAN'S NAME (Type) ANCTIONED IN	PALLACHUSI	22d. ADDRESS	Densen	tve.	Hages	stown , Mid
-			1100	1		- 0	/ 49
230	B. BURIAL, CREMATION, 23b. DATE THEREOF 1/24/62	23c. NAME OF CEMETERY O		28d. LOCATION (county)	(State)
2.	FUNERAL DIRECTOR'S SIGNATURE	Rest Haven	-	-	stown	AD'C CICALATI	Md.
24	Rest Haven Juneral Chap			N 2 4 '62	25b. REGISTR	AR'S SIGNATU	u.
	New Naven Juneral Chap	el Hagerstow	nolla DATE JA	14 2 1 02			
	When Civy	orst					

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No.	State State State -			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. By 4 may be retained by the hospital or attending physician.

TO FUN:

L DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper:

Set 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

	A	MARYLAN	D S'	TATE	DEP	ART/	MENT	OF	HEALT
DIVISION OF	STATISTICAL	DESEARCH	AND	RECOR	PDS. 3	101 W	. PREST	ION	STREET.

- A	MARILAND SIMIL DEFAM	IMENT OF HEALT	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESTON STREET,	BALTIMORE 1, MARYLAND
01263	CERTIFICATE OF	PEATH	111947

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ruzal Pinesburg 20 yrs.	Rural Pinesburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Williamsport RFD #1	Williamsport RFD #1 YES □ NO ₩
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Joseph Golden S	Staley Jan. 27 19 62 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MARAGED [NEVER MARKED [last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Jan. 3 1888 74 yrs. 0 24 YII. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dong during most of working lifa, even if retired)	
Labor Brick Yard	Maryland U.S.A
Joseph Staley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mary Ann Martin
(Yes, no, or unkown) (Ifyes give war or detes of service)	Thespurg
18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).)	s. Doris Hareford Williamsport Md RFD
PART I. DEATH WAS CAUSED BY:	enset and Death
IMMEDIATE CAUSE (a) 70. 1100 COLOR	AL INFARCTION MMCSITTE
Gendlines 7	
gava rise to immediata cause	
(a), stating the underlying DUE TO	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING 2040SE OF DEATH ILL EITHER, NOTIFY MEDICAL EXAMINER;	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter natura of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. While Not While facts	ory, straal, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	1/27/52-19, to 1/27/615, that (I) (we) last
1/59//5	death occurred at
22a. SIGNATOR	ATTENDING MED. STAFF 221 DATE
Coll h & Choung M	D. PHYS. DIRECTOR PHYS. 1/27/67
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial Jan. 30-62 Greenlawn C	
24 FUNERA DIBECTOR'S SIGNATURE APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
When a deaf Williamspor	to DATE JAN 3 0 '62 cining S. Firms

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THE THE PARTY OF T

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within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01264	CERTIFICATE	OF DEATH	ALCOHOLD BY	11948
1. PLACE OF DEATH a. COUNTY				nstitution: Rasidence before admission)
Washington	MARYLAND	a. STATE Marvl	b. COUN	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL end giva neerest fown)
Hagerstown Md	8 Days	Hancoc	k Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (if no	of in hospitel, give street eddress)	d. STREET ADDRESS	it may judice	a. IS RESIDENCE ON A FARM?
Washington County H	ospital			YES NO
DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) Bry	an Allen	Stanley	DEATH	12 19 62
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X 8.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	IDOWED DIVORCED	1.4.1962	yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 13. FATHER'S NAME	Infant	Maryland	NAME	U.S.A.
Owen W Stanley		Dessie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	•
No	37 0	en W Stanl	ey Hancock M	ra.
18. CAUSE OF DEATH [Enter only one cau		on a stant	by mancock-in	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	4/mondry /	Afelectas	15	S ONSET AND DEATH
154 DUE TO	- 1	1 -	111	. 8 8 1
Conditions, if eny, which	Interventrieu	lar Sep.	tal Defect	+ \ o adys
(a), steting the underlying DUE TO	2 11	, , \		
cause lest. (c)	Congenital H	east Dise	dS€	
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
I				YES Z NO
2De. ACCIDENT WAS UNDERLYING 2D	b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in F	'ert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm		(County) (Stata)
Hour a.m.	While Not While facto	ory, street, office bldg., etc.		
21. I certify that (I) (this hospital)	attended the deceased from	1/4	1062 10/12	, 1962, that (I) (we) last
saw the deceased alive on!//	,			and on the date stated above.
220 SIGNATURE	, , , , , , , , , , , , , , , , , , ,		yvi, nom me eggses e	22b. DATE
Storge Junings	м.	011116	RED. STAFF	116/2 2
22c. PHYSICIAM'S	-	22d. ADDRESS	1. 1 01	1
NAME MYDD GEON GE	-lennings	136W. Was	shington Styl	tagersteun, McI
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	PXSENDEN	23d. LOCATION (City, tow	n or county) (State)
Burial 1.16.62	St. Thomas Er	pisvopal	Hancock Wasi	hington Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
Howard & Her	2 Hancock	DATE DATE	AN 1 8 '62	enny & Thous
2.28/22321	3			

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	3001.1.5			
18 Jan. A. 3. V	bratenes.	thenest		toe to
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	die Konsmit Felgust II. ogs	dene ya		loll
	size tests to the second size of	e colores	A.T. C.	
	\$ 10 mm = 4/1	2.2	squing	
	And the service of th	Military Trades		
1 7	inlast Ysochat Incomain			
County No.	Total sale, the new Dord	Comments with the	- KH211	الها أ العالم المالية

FOR STATE **HEALTH DEPT** TO DEPOYX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please, "the the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sail director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH

OF DEATH

OF DEATH 01265 EDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (When		Residence before edmission)
		Washington	MARYLAND	a. STATE Md.	b. COUNTY Wa	shington
A	b. CITY OR TOWN (if out: write RURAL and give	side corporate limits,	c. LENGTH OF STAY IN 16		corporate limits, write RURAL as	nd give neerest town)
B.	Hagerst		4 Years	03 Hagerst	own	
1	d. NAME OF HOSPITAL C	OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
	301 Ra	deliffe Ave.		301 Radel	iffe Ave.	YES NO
F	3. NAME OF DECEASED	First	Middle	Last 4. DA7	TE Month	Day Year
L	(Type or print)	Thomas	Richard	Stoops Sr. DEF	Jan.	28, 1962
	5. SEX 6.	COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER	
	Male	White WIDO	OWED DIVORCED S	Sept. 9k 1918	43 yrs. Months	Deys Hours Min.
	10e. USUAL OCCUPATION done during most of working	Give kind of work life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	The state of the s	TIZEN OF WHAT COUNTRY?
	Salesman, Mil	lers	Furniture	Quincy Townshi	p	U.S.A.
	James H. S	toons		Alice Shatz	er	
	15. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		stown, Md.
	Yes, no, or unkown) (Ifyasg		207-01-4134 M	rs. Thomas R. Sto		•
			per line for (e), (b), and (c).]	IB. IIIOMAB II. DOC	opp 01., Joz	INTERVAL BETWEEN
	PART I. DEATH WA	S CAUSED BY:		77		ONSET AND DEATH
	1 0 7 7 MM		trangulation (B	y nanging)		Instant
	1 7	DUE TO				
	Conditions, if any, who geve rise to immediate c					
	(a), stating the underl	> DIJE TO				
	causa last,) (c)				
)	PART II. OTHER SIGI	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PAR	PERFORMED?
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					YES NO
	PART II. OTHER SIGI		SCRIBE HOW INJURY OCCURED. (E	nlar natura of injury in Pert I or Part	II of item 1B.)	
			himself in base	ment of his home		
	20c. TIME OF INJURY Hour a.m.			ment of his home CE OF INJURY (Home, form, 20f. ory, street, office bldg., atc.)	(City or town) (Co	unty) (State)
	Hour a.m.	00 1%0 at	While Not While rect		erstown. Washi	noten Ma
	1	6.0	remains described above, he			and in my opinion
	death resulted from				Undetermined manner	7
	dodni resuned iron.	A CONTRACTOR OF THE PARTY OF TH	The state of the s	CHIEF MEDICAL EXAMINER		
	ACTUAL	19/0)/	1-11		_	2000 010100
	SIGNATURE	100 3	and the	M.D. ASSISTANT MEDICAL EXA		DATE SIGNED
2	EXAMINER'S NAME (Type) Dr.	E. W. Ditt	o. Jr.	DEPUTY MEDICAL EXAMIN Address (Streat, city, town,	1_20.	-62
	22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR		CATION (City, town, or country	y) (Slate)
	Burial	1/30/62	Ringgold	Ri	inggold, Washir	ngton Co., Md.
	23. FUNERAL DIRECTOR	11	ADDRESS	24e. REC'D BY REG	GISTRAR 246. REGISTRAR'S S	SIGNATURE
	Waller 4	From 1	Waynesboro, Pa.	DATE JAN 3	1 '62 arthur	S. Kraus
	1					

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (125)

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidanca befora admission
Washington MARYLAND	" Maryland Frederick	V
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
write RURAL and give nearest lown) Hagerstown ### Addings Hage	Rural - Myersville	10X.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Washington Co. Hospital	Route # 1 Middlepoint	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yaar
(Type or print) MARY ETTA STOTTLEM		
7. MAKKED KEYEK MAKKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1) lest birthday) Months D	YEAR IF UNDER 24 HRS.
	oril 13, 1874 87 yrs.	
1Da. USUAL OCCUPATION (Giva kind of work done during most of working life, evan if ratirad)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
housewife own home		5 .A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Stottlemyer	Amanda Grossnickle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yas, no, or unkown) (Ifyes give war or dates of sarvice)	NFORMANT Address	
	nley Grossnickle, Myersvil	le. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	Cardiovascular Disease	10 Irs.
DUE TO		
Conditions, if any, which (b) Congestive Heart	: Failure	5 Days
gave rise to immediata cause		*
(a), stating the undarlying cause last.		
(0)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
OIL DIE CONTROL DE CON		PERFORMED?
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Pert I or Part II of Item 18.)	1165 [] 110 [2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
(note	CE OF INJURY (Homa, farm, 2Df. (City or town) (Country, streat, office bldg., atc.)	ty) (State)
Hour a.m. P.m. While Not While at work at work	ry, sirear, office brog., arc.)	
21. I certify that (I) (this hospital) attended the deceased from	1-18-62 19 to 1-21-62 19	, that (I) (we) las
saw the deceased alive on 1-21-62 19 and that		
22a. SIGNATURE		22b. DATE SIGNEL
Charle & teles M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1-23-62
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Charles F. Hess	Smithsburg, Md.	
238, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county)) (State)
Burial Jan. 24, 1962 Grossnickl	e's Nr.Myersville, Fred.(5M OF
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
Paul F. Bittle, Myersville	Md DATE JAN 25'62 Curthur S.	/ Call
TOWARD TO THE STATE OF THE STAT		

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	April 13, 1674 87		estiv elemen
	Frederick Co. Id. U.S.K.	emort awo	nousewile - The
	Amenda Grosenickie	reywellage	da Mgesot
b.:	Stenley Grosentckie, Nycheville,	ortott	oit

Chailes I. Hess

Surial Jan.24,1962 Orosanickle's Ur.Mysrsyllie, Fred. C. G. G. Faul F. Sittle, Mysrsyllie, Md.

in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Prox. 4 may be retained by the hospital or attending physician.

TO FUN.

L DIRECTOR: After this certificate has been signed by the attending physician and completely ded in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 8 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE	(Where deceased lived, If Institution: Res	idence before edmission)
· COUNTY Washington	MARYLAND O. STATE Md.	b. COUNTY / Jaz	56.
b. CITY OR TOWN (if outside corporate limits. Write RURAL and oute hearest town) With The RURAL and oute hearest town		utside corporete limits, write RURAL end g	vive neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give	street eddress) d. STREET ADDRESS	RD#6	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANNIE	STRITE	DATE Month OF DEATH AN. 2	7 19 6 2
5. SEX 6. COLOR OF RACE 7. MARRIED NEV WIDOWED	VER MARRIED B. DATE OF BIRTH DIVORCED Dec 12, 186	9. AGE (In years IF UNDER 1 YE lest birthdey) Months De	
done during most of working life, even if retired) HOUSE KEEPER HO IS	USINESS OR INDUSTRY 11. BIRTHPLACE (County)	& Stete, or foreign country) 12. CITIZE	5. A
John & Horst	14. MOTHER'S MAIDEN NA	I M you	od
(Yes, no, or unkalwn) ((fyesgive war or detesofservice)	amos W. Str	ite Maugausr	ille md
18. CAUSE OF DEATH [Enter only one cause per line to: (e)	no Velus to Hoan	ula Sum	ONSET AND DEATH
Conditions, if eny, which (b)	Vinelity.		
geve rise to immediate ceuse (e), stelling the underlying cause lest. Columnia (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	G TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO
	W INJURY OCCURED. (Enter neture of injury in Per		
	CCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) work	20f. (City or town) (County	(Stete)
21. I certify that (I) (this hospital) attended the saw the deceased alive on	deceased from 19	^	that (I) (we) last a date stated above.
220. SIGNATURE	M.D. ATTENDING MED		126. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) IR EWIIIT	Of Page	estern my	1700
236, BUBLAL, CREMATION, 23b. DATE THEREOF 23c. N. REPOVAL (Specify)	Ters Church Clu.	Mean her ters bury	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE GREAT	ncistle, Pa. 250. REC'D	B 1 62	
	1	0-16 J.	Kraus

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inding physician and completed led in by the funeral please remove carbon papers, ages 1 and 2 should and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, he State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h OR ATTENDING PHYSICIAN: TO HOSPITAL (death. F. 4 nd director, page 3 be filed with the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1268

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaasad lived, If institutions Residence before admission)
a. COUNTY	e, STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, writa RURAL and give neerest town)
write RURAL end give neerest town) HACERSTOWN 3 DAYS	13 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM? 127 F FRANKT THE ST
WASHINGTON COUNTY HOSPITAL 3. NAME OF First Middle	TEL TITUTATION DI
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) GUY FRANKI, IN	SUMMERS DEATH JANUARY 12 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 1 Hours Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED	APRIL 8 1889 72 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	TID ANTER THE PARTITION OF A STANKING OF A S
RETIRED BARBER BARBER SHOP	FRANKLIN PENNSYLVANIA U.S.A.
10. TATHER S NAME	14. MOTHER & MOIDER NOME
JACOB D SUMMERS	MARY A HEEFNER
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyes give war or dates of service)	INFORMANT Address
	RS. HELEN HARBAUGH HAGERSTOWN MARYLAND
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	element + Candia Conset and Death
IMMEDIATE CAUSE (0) Calling Car cary	entered to congre
DUE TO DOE TO	0 0 1 0 0 0
Conditions, if any, which (b) Collaboration of the conditions of the collaboration of the col	in dul to Coronary
geve rise to Immediate cause (e), stating the underlying DUE TO	
(e), stating the underlying course lest.	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E Cecambans autrica - Benefor	mantaxe bypenteakly YES NO 14
E 200. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Pert I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECURED TO BE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECURED TO BE SECURED T	
	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from	Jan 10, 1967 to Jan 12, 1963 that (1) (we) las
	death occured at
22e. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF PHYS. THE TRECTOR PHYS. THE PHYS.
22c, PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
E W DITTO 111 M D	217 W WASHINGTON ST. HAGERSTOWN MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	TETERY HAGERSTOWN MARYLAND
24 FINE ADDRESS SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SUTER-ROUZER FUNEHAL HOME HAGERSTOWN MARY	T. ANT) DATE JAN 18 62 Cittles I. France
DOTTE TOO BUTE I OUTE TOTAL TRACETO TOWN PARTY	TAND .

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12) in remarks		TEMPORAL PROPERTY
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THE PETER DIT . M. CO. ST. W. WILLIAM ST. ST. W. C. C. THE WILLIAM I

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page M may be retained by the hospital or attending physician.

TO FUNE:
DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

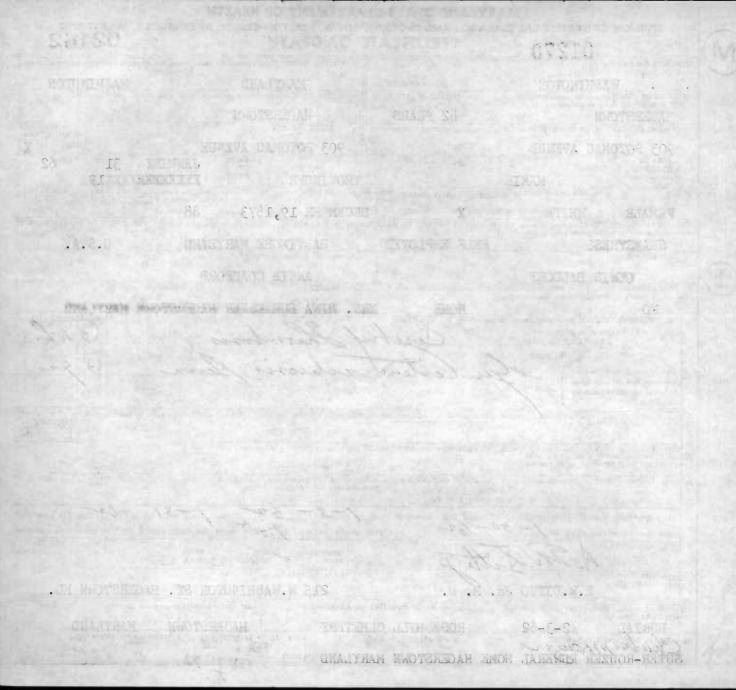
11269	CERTIFICATI	L OI DEATH		01203
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC		nstitution: Residanca bafora admission
WASHINGTON	MARYLAND	a. STATE MARYLAN	D b. COUNT	WASHINGTON
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, writa	
write RURAL and give nearest town)	TO DAVE	12-1-		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h.	10 DAYS	d. STREET ADDRESS		a. IS RESIDENCE
or the state of th	ospital, give silvel address)	/		ON A FARM
WASHINGTON COUNTY HOSPITA		305 N POTOM		YES NO X
B. NAME OF First DECEASED	Middle	Last	4. DATE Month OF	Day Yaar
(Typa or print) FRANK	SYDNEY	SUTER	DEATH JANUARY	4 19 62
6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	
MATE WHITE WIDOW	/ED DIVORCED T	ECEMBER 21.1		Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY		y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
FUNERAL DIRECTOR	NDERTAKING	WASHINGTON	MARYLAND	U.S.A.
3. FATHER'S NAME	ADENCE MILE TING	14. MOTHER'S MAIDEN N		0.00.20
CHARTES MADELTH CHIEF				
CHARLES MARTIN SUTER S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16		LAURA V	WEITZENBACHER	
Yes, no, or unkown) (Ifyes give war or dates of service)			Address	
		IRLES M ROUZE	R HAGERSTOWN	MARYLAND
18. CAUSE OF DEATH [Enter only one cause per	lina for (a), (b), and (c).]			ONGET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	REMIA			8 4445
V DUE TO CO	-1. 1 H	herbar.		4 /
Conditions, if any, which (b)	ashank the	to will of it		10 0145
gava rise to immadiate causa	1 1	,^	1 91	
(a), stating the underlying causa last.	DERTENSIOE	120110-645	enlar Dissa	114 20 92-125
10)	NTRIBUTING TO DEATH BUT NO		AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
INDAD DUSTAL	wied Mentre Va	Mallitus		PERFORMED?
PART IL OTHER SIGNIFICANT CONDITIONS CO. 208. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 20b. DE	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pa	and I as David II of Star 10)	YES NO I
OR CONTRIBUTING CAUST OF DEATH	SCRIBE HOW INJURY OCCURED.	(chier hardre of injury in Fa	and or ran il or ilem 10.)	
20c. TIME OF INJURY Month, Day, Yaar 20d Whi		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)		(County) (Stata)
p.m. 19 at w			-01	
21. I certify that (I) (this hospital) atte	nded the deceased from	UNE 1	937 10 JAN. 4	, 1962, that (I) (we) la
1 4 4 4 4 4	1 - V	death occured at \$3	- //	and on the date stated above
22a. SIGNATURE	,		P	22b. DATE
I A de disaber	M.	DUNC DE DI	ED. STAFF RECTOR PHYS.	Jan 6 SIGNE
22c. PHYSICIAN'S		22d. ADDRESS		7 - 0,176
NAME (Type) E R LARDIZABA)	r. M D	SMITHSBUR	G MARYLAND	
38. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town	n or county) (State)
REMOVAL (Spacify)				or county) (State)
BURIAL 1/7/62	A State of the last of the las	ETERY	HAGERSTOWN	MARYLAND
Charles Signature	ADDRESS	25a. REC'	D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
CHARLES M ROUZED HA	GERSTOWN MARYLAN	ID DATIAN	9 '62 anth	un S. Kraus

* 2 and the same of th . A.E.V CHARLES AND MERCHAN DETERMINED THE PROPERTY OF THE PARTY OF THE THE THE PROPERTY OF THE PROPER LOKE & CERCHOOL TERRORS Hypotherine Condon was the provide the winds Leton desirentia Male Inspire incompanies and special second 2///T CLE H ROULING HACHISTON MAIGTAND

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02462

71	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before edmission)
	WASHINGTON MARYLAND	e. STATE B. COUNTY WAS	HTNOTON
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	ive nearest town)
	write RURAL end give neerest town) HACERSTOWN L2 YEARS	03 HAGERSTOWN	
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	903 POTOMAC AVENUE	903 POTOMAC AVENUE	YES NO TO
1	3. NAME OF First Middle		
	DECEASED	OF JANUARI 31	
	MAMILE	TROVINGER DEATH DEATH DEATH 9. AGE (In years IF UNDER 1 YI	EAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	lest birthdey) Months Da	
		DECEMBER 19,1873 88 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	SEAMSTRESS SELF EMPLOYED	BALTIMORE MARYLAND	J.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)	LEWIS BALDORF	ANNIE CLAUFORD	
7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address	
		RS. MINA BURGESSER HAGERSTOWN MAR	CYT.AND
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]	, 17 /	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: JAMPE ATE CAUSE (a)	of themanis	3 2
	332 DUE TO		,
	Conditions, if any, which	religionis Person	(5 Gr
	gave rise to immediate cause	The work of the second	
	(e), steting the underlying Cause lest.		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
/	O E		PERFORMED?
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Part I or Part II of itam 18.)	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in real for rail it of frail to.)	
		ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County	y) (State)
	Hour e.m. While Not While fac	tory, street, office bldg., atc.)	(0.0.0)
	p.m. 19 et work et work	1-2-12-11-21	•
	21. I certify that (I) (this hospital) attended the deceased from.	1-3- 6 19 to 1-3/ 196	.T, that (I) (we) last
	saw the deceased alive on 1-30-6279, and that	death occured ay	
	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	N. M. Sitte go N	A.D. PHYS. DIRECTOR PHYS.	353334
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	E.W.DITTO JR. M. D.	215 W.WASHINGTON ST. HAGERST	OWN MD.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
		METERY HAGERSTOWN MARY	TAND
	24 FOREAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S STO	GNATURE
1	SUTER-ROUZER PURERAL HOME HAGERSTOWN MAI	RYTAND DATE 2 2 Outling	S. Harres
y	AND THE PROPERTY AND		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) y is nector. Page Ar vour files. e. COUNTY a. STATE b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, MARYLAND of Hear Maryland Washington c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Hagerstown Hagerstown 10 Hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1921 Vitginia Ave Washington County Hospital YES NOW 3. NAME OF Middla DATE DECEASED OF the (Type or print) DEATH VICKERS HOWELL January 1962 ge 5 may be and 2 with t 72 hours aftr 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Deys Hours Male WIDOWED DIVORCED White YIS. Dec 10a. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY Pages 1, 2, M3. Page 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist W. M. R. R. form PM3. Pa it. File pages 1 event within Retired Sharpsburg Wash Co Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give John W. Vickers Barbara E. Hammond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no, or unkown) (Ifyesgivawerordetesofservice) y" in pencil in Item 18
5 Office along with for a burial-transit permit. Mrs Helen M. Vickers 1921 Va. Ave 18. CAUSE OF DEATH [Enter only ona cause par lina for (a), (b), and (c).] INTERVAL BETWEEN Hagerstown Md. ONSET AND DEATH L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) r's Office as a burial-ti DUE TO gross brein clamage Conditions, if any, which "pending" gave rise to Immediate causa g the word "pending f Medical Examiner's 3 should be used as a rial, cremation, or re DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? MEDICAL EXAMINER: This NO C 20a. EXTERNAL GAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. writing Chief / e 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City the Page (County) (State) 0 factory, street, office bldg., atc.) While Not While et work at work Hagers four prior Nous certificate, to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection (Inquiry and in my opinion AL DIRECTO death resulted from: Natural causes Suicide 4 Accident Homicide Undetermined manner the CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE Act. DEPUTY MEDICAL EXAMINER X EXAMINER'S Edward W. Ditto 111. M. D. TO DEPU NAME (Type) Address (Street, city, town, or county) pleases 4 should O FUN or its d 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Sharpsburg Burial Cemetery Wash 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE JAN 2 4 '62 VS. AISMEC Civina S. France Andrew K. Coffman Hagerstown Md. 5M 9/60

Condition of the second La of tent from the self Wil W. Isal erasofy of unique to a I to tracional Hamberlages to 14 here I gran line charge 23 cal patel or - Hall - Solf william See India court the Mark House and All . But he of around, many too as weether

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 1255

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived.	If institution: Resid	dence before admission)
Washington Maryland o. STATE Maryland	COUNTY	Washington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	nits, write RURAL or	nd give nearest town)
Hagerstown 2 hours 03 Hagerstown		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS		e. IS RESIDENCE
Washington County Hospital 422 Summit Ave	•	ON A FARM?
3. NAME OF DECEASED First Middle Last 4. DATE OF	Month	Day Year
(Type or print) John Andrew Werking Jr. DEATH	January	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AG		DER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED January 19, 1962"	yrs. Month	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12.	CITIZEN OF WHAT COUNTR
None None Hagerstown,	Md.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
John A. Werking Patricia A.	Musey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
(Yes, no. or unknown) (If yes, give wor or dates of service) John A. Werking Sr.	Hagers	town. Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: R. J. B. D. LOS DE G. KEN		ONSET AND DEATH
DUE TO		LADUR
		2hm
gave rise to immediate		
cose (a), stoting the under-		
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONI	DITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
3		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of it	lem 18.)	
	n)	(County) (State)
Hour o. m. 10 While Not while factory, street, office bldg., etc.)		(Coomy) (Sidile)
21. I certify that attended the deceased from 1901, to		I last saw the decease
alive on 19419, 1962, and that death occurred at 1.7 M, from the		the date stated above
ADDRESS (Street, ci	y or town, state)	DATE SIGNE
SIGNATURE The Sy & Molecular M.D. 159W. Wolcomp France	1106831	rang 11001
PHYSICIAN'S NAME (Type) Dr. P. J. Hirshman		
NAME (Type) Dr. F. J. HIFSHHAN	ity town or count	v) (Stole)
NAME (Type) DF • F • J • FILT STITIETT 220. BURIAL, CREMATION, 22b. DATE THEREOF	ity, tawn, or caunt	4
NAME (Type) DF • F • U • FILE STRIETE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Control of the control of the	ity, tawn, or caunt town, M	d.

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	MATERIAL CONTRACTOR OF THE STATE		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01273 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY							
WASHINGTON MARYLAND	o. STATE MARY I, AND WASHINGTON							
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)							
write RURAL and give nearest town)	1/3 HAGERSTOWN							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE							
	ON A FARM?							
646 ORCHARD ROAD 3. NAME OF First Middle	646 ORCHARD ROAD YES NO X							
DECEASED	Last 4. DATE JANUARY Day Yeer							
(Type or print) ELEANOR SPANGLER	WHITE DEATH DECEMENT 2 1962							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.							
FEMALE WHITE WIDOWED DIVORCED	OCTOBER 19 1876 85 yrs. Months Days Hours Min.							
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI								
done during most of working life, even if retired) HOUSEWIFE HOME	WASHINGTON MARYLAND U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
J SPANGLER KIEFFER	MARY CLARK							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address							
NO NONE MF	RS. IRVINE RUTLEDGE HAGERSTOWN MARYLAND							
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) M 10 Care 12	I Interction 2 hri.							
T DUE TO	,							
Conditions, if any, which) (b) Arteriosel	lerotic Heart Disease 6 trs.							
geve rise to Immediata causa	CIOCIC HEEFT BILLER							
(a), steting the underlying DUE TO								
cause lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?							
IN THE PROPERTY OF THE PROPERT	YES NO X							
	D. (Enter neture of injury in Pert I or Pert II of item 1B.)							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State)								
Hour e.m.	tory, street, office bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased from.								
saw the deceased alive on Jan 2 1962, and that	t death occured at 4.1.M, from the causes and on the date stated above							
220. SIGMATURE	ATTENDING , MED. STAFF , / SIGNED							
Clad C./ Lellman	A.D. PHYS. DIRECTOR PHYS. 1462							
22c. PHYSICAN'S	22d. ADDRESS							
NAME (Type) LIOYD A HOFFMAN M D	214 N POTOMAC ST. HAGERSTOWN MARYLAND							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY								
REMOVAL (Specify)								
	METERY HAGERSTOWN MARYLAND 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Charles In Koucer								
SUTER - ROUZER BUNERAL HOME HAGERSTOWN I	MD. DATE JAN 9 '62 Outling & Krous							

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 111057

1-	U.S. C. A. A.							
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before edmission)						
	WASHINGTON MARYLAND	STATE MARYLAND WASHINGTON						
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
	write RURAL end give neerest town)	A2 VIA CED						
-	HAGERSTOWN 3 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	/ d. STREET ADDRESS . IS RESIDENCE						
	o. Name of hosting or institution (it not in hospital, give siteel edgress)	ON A FARM?						
	ASHINGTON COUNTY HOSPITAL	1230 MT. AETNA ROAD YES NO [
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer						
	(Type or print)	VIELAND DEATH JANUARY 2 19 62						
5.		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.						
		last birthdey) Months Deys Hours Min.						
	TIATUS WILLIES .	JULY 26 1901 60 yrs.						
do	ne during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	CIVIL ENGINEER MACHINERY IND.	BOALSBURG PENNSYLVANIA U.S.A.						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JOHN M WIELAND	ROSA J KENNEDY						
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address						
(Ye	s, no, or unkown) (Ifyesgivewerordetesofservice)							
-		S. DANIEL A WIELAND HAGERSTOWN MARYLAND						
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
	IMMEDIATE CAUSE (6) Myocar leal	Infarction 48les.						
	DUE TO							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Coronary a thronocleus in the immediate cause							
	gave use to minimediate cense							
	(e), steting the underlying DUE TO							
_	ceuse lest. (c)	The state of the s						
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?						
3	Oblacty	YES NO 1						
CERTIFICATION		. (Enter neture of injury in Pert I or Pert II of item 18.)						
CER.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
¥	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)						
MEDICAL	Hour e.m. While Not While fact	ory, street, office bldg., etc.)						
ME	p.m. 19 et work et work							
	21. I certify that (i) (this hospital) attended the deceased from	Dec 31 , 1961, to Jan 2 , 1962, that (1) (we) las						
		death occured at OpM, from the causes and on the date stated above						
	22e. STGNATURE	22b. DATE						
	Solvandin Sitta III. M	ATTENDING MSD STAFF PHYS. DIRECTOR PHYS.						
	22c, PHYSICIAN'S	22d. ADDRESS						
	NAME (Type)							
	E.W.DITTO 3rd M D	217 W. WASHINGTON ST. HAGERSTOWN MD.						
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
		METERY HAGERSTOWN MARYLAND						
124	ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
2	UTER-ROUZER FUNERAL HOME HAGERSTOWN MARY	TLAND DATE DATE						
10	OTEV-WOOTEV LUMBUAT HOME DROEWSTOWN MAK.	Original Association of the Control						

37.00 The Care and the orange of the care and the S) S TOURS BROWN THE PART THE PROPERTY OF THE PARTY OF TH A. 20 LL ATOMERSET ON A THE TRANSPORT AND THE RESTRICT AT VITA MINISTALL AREA THE PARTY IS NOT A THEORETICAL SERVICES AS WELLEN AS SERVICES AND THE PROPERTY OF Myocarde La Machan 1179-4-Commissy attracocause 2 2 min Tow 2 62 10 10 10 10 Edward Co. Site III. E.N. DETTO SEND MED. 122 P.N. PASHENGERS SE. MAJESTER PR. THAT BEEF HOLD COLUMN HELD STATE HAVE BEEF HAVE HELD STATE HE STATE HELD STATE HELD STATE HELD STATE HELD STATE HELD STATE HE STATE HELD STATE HELD STATE HELD STATE HELD STATE HE HELD STATE HE STATE HELD STATE HE HELD STATE HE HELD STATE HE HELD STATE H FURTAL ROLL HARLETON MAG LAND

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1275

CERTIFICATE OF DEATH

	PLACE OF DEATH	2.	USUAL RESIDEN	CE (Where deceased I	ived, If institution: Res	sidence before	edmission)	
	WASHINGTON MARYLAND MARYLA							
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end			give nearest to	vn)	
	write RURAL and give neerest town) HAGERSTOWN 25 DAYS	0	03 HAGERSTOWN					
(d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	(s)	d. STREET ADDRESS				ESIDENCE A FARM?	
1	WASHINGTON COUNTY HOSPITAL		917 MT. AE	TNA ROAD			NO X	
3.	NAME OF First Middle DECEASED		Last	4. DATE OF	Month	Day Yes)r	
	(Type or print) VIOLET MIRIAM		VILHELM	DEATH JA			62	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DA	TE OF BIRTH	9. AGE (I	n yeers IF UNDER 1 Y		R 24 HRS.	
	WEMALE WHITE WIDOWED DIVORCED	□ JAN	UARY 7,190	- /-	yrs. Months De	ys Hours	Min.	
	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)			ty & State, or foreign	country) 12. CITIZ	EN OF WHAT	COUNTRY?	
	HOMEMAKER		HAGERSTOWN	MARYLAND	U	.S.A.		
	FATHER'S NAME		MOTHER'S MAIDEN	NAME			11111	
	WILLIAM C MARKELL	15.	LOTTIE	BOWERS				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFO			Address			
(Yes	s, no, or unkown) (Ifyesgivewerordatesofservice) NONE	TAY AT TO	ER L WILHE	T.M HAGERS	POWN MARYL	AND		
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).		ere in witnim	DII IMILIO	LOWIN THEOLE	INTERVAL BE		
	PARTJ. DEATH WAS CAUSED BY: The static correinance of live							
	IMMEDIATE CAUSE (o) IVIETASTATIC CATCINOTIA OI TIVET							
	Conditions, if eny, which Carcinoma, left breast							
	geve rise to immediate cause							
	(e), stating the underlying DUE TO							
	causa lest. (c)						A LIM O DOM	
ON N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1	PERF	ORMED?	
3	Coronary artery disease, arterio	scler	otic, mild			YES	NO N	
~	208. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (En	ter nature of injury in	Pert I or Pert II of item	18.)			
1		DIACE C	SE INITIDY / Hama fare	a, 20f. (City or town	i) (Count	2)	(Stata)	
MEDICAL	Hour a.m. WhileNot While		street, office bldg., etc		i) (couiii	1)	(Sidia)	
ME	p.m. 19 at work at work			+				
	21. I certify that (I) (this hospital) attended the deceased from Nov. 4, 1961 19, to death							
	saw the deceased alive on 1-18-1962 19, and	d that dea	ath occured aR:	5.54 fred the c	auses and on th			
	220. SIGNATURE TO THE DOG		ATTENDING .	MED. STAF	F	22	DATE SIGNED	
	Chert ! Readle	M.D.	PHYS.	DIRECTOR PHYS		1-20	62	
	22c. PHYSICIAN'S Robert F. Keadle, M. D.		22d. ADDRESS	2510 0m 174	armamar nr. 1	CATOSET ANIS		
	PAUL HARRISON M D		318 N POTO	MAC ST. HA	GERSTOWN P	LARYLANI)	
	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	AETERY OR C	CREMATORY	23d. LOCATION	City, town or county)	(5	State)	
	BURIAL 1/22/62 REST HAVE	N CEME	TERY	HAGERST	OWN MARYLA	IND		
24	ADDRESS		25a. REC	C'D BY REGISTRAR 2	56. REGISTRAR'S SI	GNATURE		
		MARYL	18.65	1 9 8 762	partitioned all .			

WASHINGTON COLUMN RUSE TEAL . THE SECOND STREET AND ASSESSMENT OF THE SECOND STREET 20. 1, 1 20. 1. THE STATE OF THE S SATERAL INTERNATION do the second THAT YEAR ENDINGS OF STREET A STREET STREET, STREET STREET, ST The state of the s Manual Land denoted the to a second

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SULTA-ROUGH TURRAL HOLL HARRING TANGER

VR A15 (4) 15M 9/60 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	CEDT	IFICATE		
01276	CERT	IFICATE	OF	DEATH

E OF DEATH

(12.5)

1 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission)

)	Washington	MARYLAND	a. STATE Pennsy	rlvania b. COUNT	Franklin			
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outsida corporata limits, writa				
	Rural Boonsboro	8 years	Wayne	esboro	7.5x · 3			
) [d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a. IS RESIDENCE			
F	ahreny-Keedy Memorial Home	for the Aged 1	nc. 127 S	Broad St.	YES NO			
	. NAME OF First	Middle	Last	4. DATE Month	Day Year			
	(Typa or print) Sudie	Mav	Wingert	OF DEATH	27 19 62			
) 5	6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS.			
4	Female white WIDOWE		umset 22 19		Months Days Hours Min.			
1	Oa. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTRY	ugust 23, 18	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	done during most of working lifa, aven if retired) Substitute Teacher E	duantion			II C A			
	3. FATHER'S NAME	ducation	Waynesbo		U.S.A.			
		NAME OF TAXABLE PARTY.						
1	Rev. Laban Wingert 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	Prudenc NFORMANT	ee Stover				
(Yes, no, or unkown) (Ifyesgivewarordatasofsarvice)							
=	18. CAUSE OF DEATH [Enter only one cause page	none Mrs	. Mildred B.	Kisecker Way	nesboro, Pa.			
	PART I. DEATH WAS CAUSED BY:	lina for (a), (b), and (c).]	T. 1		ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	neralized a	merione	nous	940			
	/ O O DUE TO	//						
	Conditions, if any, which (b)							
1	gava risa to immadiata causa (a), stating the undarlying DUE TO							
	causa last. (c)							
2	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
14					YES NO I			
MOITACISTES	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED.	(Entar nature of injury in F	Part I or Part II of itam 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Homa, farm bry, straat, offica bldg., atc.		(County) (Stata)			
1 2	Hour a.m. While at wor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
	21. I certify that (I) (this hospital) atten	ded the deceased from.	Det 10	1961. 10 Anum	4.1719(2, that (I) (we) last			
	saw the deceased alive on January				and on the date stated above.			
	22a. SIGNATURE	1/			/22b./DATE			
	1 10 Kes	an M.	DING NA	AED. STAFF	1/27/SIGNED			
	22c. PHYSICIAN'S	1	22d. ADDRESS	1	17/62			
	NAME (Type) G. Wihel	an	VOUD	isbon, ma	/			
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town	n or county) (Stata)			
	Burial 1/29/62	Ringgold Unio	n Cometowr	Smithsburg.	Ma P D 2			
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	25a. REC		STRAR'S SIGNATURE			
	Wait of Hose	Waynesboro,	Pa. DATE	N Z 9 '02 CLO	1701 Z. 100000			
	July /11 TTUT		i prill					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	a. COUNTY	2. USUAL RESIDENCE (Where		: Residence before admission)					
	WASHINGTON	o. STATE WEST VA. BERKELEY							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)							
	CLEARSPRING	6 months	FALLING V	WATERS	85 X · 3				
)	d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Gateway Nursing Home	Route #	1	YES NO					
1	3. NAME OF First DECEASED	Middle	Last 4	. DATE Month	Day 1962				
	(Type or print) AGNES	Α.	WRIGHT	DEATH JAN.	9 19 62				
	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS.				
	Female White WIDOW	VED DIVORCED [April 16, 187	78 83 yrs.	Months Days Hours Min.				
	10o. USUAL OCCUPATION (Give kind of work dane 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	House Duties	Home	Home Washington Co.		USA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .					
	Samuel Wolford		Annie 4						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dotes of service)		NFORMANT	Addres	\$				
	No		Robert K. Wr: Falling Water	ignt - son					
	18. CAUSE OF DEATH [Enter only one couse per l	ine for (a), (b), and (c).]	varring nacci	, ",	INTERVAL BETWEEN ONSET AND DEATH				
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocava	Pral Int	Buction	ONSET AND DEATH				
	TO DUE TO		-	1 -					
	Canditions, if any, which) (b)	Canditions, if any, which) (b) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D							
	gove rise to immediate couse (a), stating the under-								
	lying couse last. (c) Htheros flevosis								
	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?							
~	VES IN NO								
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Manth, Day, Year 20d. While p, m. 19 at we		ACE OF INJURY (Hame, farm, ctary, smeet, office bldg., etc.)	20f. (City ar tawn)	(County) (State)				
	p. m. 19 at wa	irk at work							
	21. 1 certify that (1) this haspital) atten	ded the deceased fram	Aug 125	Sto Van 9	1962that ((we) last				
	saw the deceased alive an lah	8, 1962 and that c	leath accourred at 1 M	, fram the causes and	an the date stated above.				
	22g. SIGNAJURE	121			22b. DATE SIGNED				
	1/1/1/1/1	men		CTOR PHYS.	3101120				
	22c. BYYSICAN'S NAME (Type) M + 12	1 1/2-1	22d. ADDRESS		111				
	I I, E IO	4r KIT	01110	msport	ma				
	23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23	3d. LOCATION (City, town, ar	caunty) (State)				
	Burial 1-11-1962	Harmony Cer		alling Water					
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	440		RAR'S SIGNATURE				
1	Mils. Paroun	Martinsburg,	W.Va. DATE JAI	N 15'62 an	thur S. Kraus				

